

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). FORM APPROVED OMB NO. 0938-0050

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 140012	Period: From 01/01/2012 To 12/31/2012	Worksheet S Parts I-III Date/Time Prepared: 5/30/2013 2:33 pm
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 5/30/2013	Time: 2:33 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION
 MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by KATHERINE SHAW BETHEA (140012) for the cost reporting period beginning 01/01/2012 and ending 12/31/2012 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

(Signed) _____
 Officer or Administrator of Provider(s)

 Title

 Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	60,660	15,228	0	0	1.00
2.00 Subprovider - IPF	0	23,861	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
4.00 SUBPROVIDER I	0	0	0		0	4.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0		0	7.00
8.00 NURSING FACILITY	0				0	8.00
9.00 HOME HEALTH AGENCY I	0	1	1		0	9.00
10.00 RURAL HEALTH CLINIC I	0		0		0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
12.00 CMHC I	0		0		0	12.00
200.00 Total	0	84,522	15,229	0	0	200.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete and review the information collection is estimated 673 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140012	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part I Date/Time Prepared: 5/30/2013 1:56 pm
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1.00	2.00	3.00	4.00	1.00	2.00
Hospital and Hospital Health Care Complex Address:					
Street: KATHERINE SHAW BETHEA HOSPITAL		PO Box: 403 EAST	Zip Code: 61021-	County: LEE	
City: DIXON,		State: IL			

	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
						V	XVIII	XIX		
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00			
Hospital and Hospital-Based Component Identification:										
3.00	Hospital	KATHERINE SHAW BETHEA	140012	99914	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF	KSB PSYCH	14S012	99914	4	11/01/1983	N	P	O	4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF	KATHERINE SHAW BETHEA HOSPITAL	14U012	99914		04/05/2007	N	P	N	7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00

		From:	To:	
		1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)	01/01/2012	12/31/2012	20.00
21.00	Type of Control (see instructions)	2		21.00

Inpatient PPS Information										
22.00	Does this facility qualify for and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N			22.00
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					1	N			23.00

	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
	1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	1,571	1,153	0	0	14	0	24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.	0	0	0	0	0	0	25.00

	Urban/Rural S	Date of Geogr		
	1.00	2.00		
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.		2	26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.		2	27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.		0	35.00

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		Beginning: 1.00	Ending: 2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0				37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.					38.00
		Y/N 1.00	Y/N 2.00			
39.00	Does the facility potentially qualify for the inpatient hospital adjustment for low volume hospitals as deemed by CMS according to the Federal Register? Enter in column 1 "Y" for yes or "N" for no. Additionally, does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)? Enter in column 2 "Y" for yes or "N" for no.					39.00
		V 1.00	XVIII 2.00	XIX 3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	N	N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Worksheet L, Part III and L-1, Parts I through III.	N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.	N				57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N				59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N				60.00
		Y/N 1.00	IME Average 2.00	Direct GME Average 3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)	N	0.00		0.00	61.00
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	6.31				62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00				62.01
Teaching Hospitals that Claim Residents in Non-Provider Settings						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)	N				63.00
		Unweighted FTEs Nonprovider Site 1.00	Unweighted FTEs in Hospital 2.00	Ratio (col. 1/ (col. 1 + col. 2)) 3.00		
Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.						
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00		0.000000	64.00

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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))	
			1.00	2.00	3.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	65.00

			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))	
			1.00	2.00	3.00	

Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010						
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	66.00

	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))	
			1.00	2.00	3.00	
67.00	If line 63 is yes, then, for each primary care residency program in which you are training residents, enter in column 1 the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations that occurred in nonprovider settings for each applicable program. Enter in column 4 the number of unweighted primary care FTE residents in your hospital for each applicable program. Enter in column 5 the ratio of column 3 divided by the sum of columns 3 and 4. Use subscripted lines 67.01 through 67.50 for each additional primary care program. If you operated a primary care program that did not have FTE residents in a nonprovider setting, enter zero in column 3 and complete all other columns for each applicable program.		0.00	0.00	0.000000	67.00

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		1.00	2.00	3.00		
Inpatient Psychiatric Facility PPS						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	Y				70.00
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)	N	N	0		71.00
Inpatient Rehabilitation Facility PPS						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	N				75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			0		76.00
				1.00		
Long Term Care Hospital PPS						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N			80.00
TEFRA Providers						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N			85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.					86.00
		V	XIX			
		1.00	2.00			
Title V and XIX Services						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N		Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N		N		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N		92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N		N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N		N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00		0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00		0.00	97.00
Rural Providers						
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N				105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N				106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N				107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00
		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00
				1.00	2.00	3.00
Miscellaneous Cost Reporting Information						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.	N			0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y				117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1				118.00

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		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	781,747	924,527		0
				1.00	2.00
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.		N		118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.		N	N	120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y		121.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		N		140.00
		1.00	2.00	3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.					
141.00	Name:	Contractor's Name:		Contractor's Number:	
142.00	Street:	PO Box:			
143.00	City:	State:		Zip Code:	
				1.00	
144.00	Are provider based physicians' costs included in Worksheet A?			Y	144.00
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.			N	145.00
				1.00	2.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.		N		146.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.		N		147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.		N		148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.		N		149.00
		Part A	Part B	Title V	Title XIX
		1.00	2.00	3.00	4.00
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N
156.00	Subprovider - IPF	N	N	N	N
157.00	Subprovider - IRF	N	N	N	N
158.00	SUBPROVIDER				
159.00	SNF	N	N	N	N
160.00	HOME HEALTH AGENCY	N	N	N	N
161.00	CMHC		N	N	N

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							1.00	
Multi campus								
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.						N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00	166.00
							1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act								
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.						N	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)							168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						0.00	169.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140012	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part II Date/Time Prepared: 5/30/2013 1:56 pm	
		Y/N	Date		
		1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
		Y/N	Type	Date	
		1.00	2.00	3.00	
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
		Y/N	Legal Oper.		
		1.00	2.00		
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	Y			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
			Y/N		
			1.00		
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N		14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		N		15.00
		Part A		Part B	
		Description	Y/N	Date	Y/N
		0	1.00	2.00	3.00
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	05/16/2013	Y	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140012	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part II Date/Time Prepared: 5/30/2013 1:56 pm	
	Description	Part A		Part B	
		Y/N	Date	Y/N	
0		1.00	2.00	3.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	KAREN	SUI K		41.00
42.00	Enter the employer/company name of the cost report preparer.	KATHERINE SHAW BETHEA HOSPITAL			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	815-285-5523	KSUIK@KSBHOSPITAL.COM		43.00

		Part B	
		Date	
		4.00	
PS&R Data			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	05/16/2013	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DIRECTOR OF ACCOUNTING	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140012

Period:
From 01/01/2012
To 12/31/2012

Worksheet S-3
Part I
Date/Time Prepared:
5/30/2013 1:56 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Avai lable	CAH Hours	I/P Days / O/P Vi s i t s / Tri ps	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	60	21,960	0.00	0	1.00
2.00 HMO						2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00 Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		60	21,960	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	6	2,196	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		66	24,156	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	14	5,124		0	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00 NURSING FACILITY	45.00	0	0		0	20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPI CE	116.00	0	0			24.00
25.00 CMHC - CMHC	99.00				0	25.00
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		80				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00
Component	I/P Days / O/P Vi s i t s / Tri ps			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payrol l	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	5,408	1,134	9,731			1.00
2.00 HMO	280	1,050				2.00
3.00 HMO IPF Subprovider	41	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	5,408	1,134	9,731			7.00
8.00 INTENSIVE CARE UNIT	731	153	1,261			8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		245	670			13.00
14.00 Total (see instructions)	6,139	1,532	11,662	6.61	829.00	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	1,328	729	3,374	0.00	0.00	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER	0	0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00 NURSING FACILITY	0	0	0	0.00	0.00	20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	4,177	486	5,729	0.00	0.00	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPI CE	0	0	0	0.00	0.00	24.00
25.00 CMHC - CMHC	0	0	0	0.00	0.00	25.00
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA		Provider CCN: 140012	Period: From 01/01/2012 To 12/31/2012	Worksheet S-3 Part I Date/Time Prepared: 5/30/2013 1:56 pm
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Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
27.00	Total (sum of lines 14-26)					27.00
28.00				6.61	829.00	28.00
29.00	0	101	679			29.00
30.00			0			30.00
31.00			0			31.00
32.00		52	101			32.00
33.00	0					33.00
Component	Full Time Equivalents	Discharges				
	Nonpaid Workers	Title V	Title XVIII	Title XIX		Total All Patients
	11.00	12.00	13.00	14.00		15.00
1.00		0	1,806	848	4,220	1.00
2.00			79			2.00
3.00						3.00
4.00						4.00
5.00						5.00
6.00						6.00
7.00						7.00
8.00						8.00
9.00						9.00
10.00						10.00
11.00						11.00
12.00						12.00
13.00						13.00
14.00	0.00	0	1,806	848	4,220	14.00
15.00						15.00
16.00	0.00	0	190	137	601	16.00
17.00						17.00
18.00	0.00	0	0	0	0	18.00
19.00	0.00					19.00
20.00	0.00					20.00
21.00						21.00
22.00	0.00					22.00
23.00						23.00
24.00	0.00					24.00
25.00	0.00					25.00
26.00	0.00					26.00
26.25	0.00					26.25
27.00	0.00					27.00
28.00						28.00
29.00						29.00
30.00						30.00
31.00						31.00
32.00						32.00
33.00						33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140012

Period:
From 01/01/2012
To 12/31/2012

Worksheet S-3
Part II
Date/Time Prepared:
5/30/2013 1:56 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	60,448,480	0	60,448,480	1,777,507.00	34.01
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		1,658,598	63,795	1,722,393	13,715.00	125.58
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician-Part B		20,687,013	0	20,687,013	121,789.00	169.86
6.00	Non-physician-Part B		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		339,745	0	339,745	13,739.00	24.73
8.00	Home office personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		1,650,365	-55,598	1,594,767	66,625.00	23.94
OTHER WAGES & RELATED COSTS							
11.00	Contract labor (see instructions)		209,471	0	209,471	4,261.00	49.16
12.00	Contract management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		0	0	0	0.00	0.00
14.00	Home office salaries & wage-related costs		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) Wkst S-3, Part IV line 24		17,526,099	0	17,526,099		
18.00	Wage-related costs (other) Wkst S-3, Part IV line 25		0	0	0		
19.00	Excluded areas		745,680	0	745,680		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		288,883	0	288,883		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		3,171,579	0	3,171,579		
24.00	Wage-related costs (RHC/FOHC)		0	0	0		
25.00	Interns & residents (in an approved program)		143,270	0	143,270		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits	4.00	488,746	0	488,746	20,570.00	23.76
27.00	Administrative & General	5.00	6,538,633	81,177	6,619,810	274,197.00	24.14
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00
30.00	Operation of Plant	7.00	952,260	6,792	959,052	44,410.00	21.60
31.00	Laundry & Linen Service	8.00	29,079	0	29,079	2,060.00	14.12
32.00	Housekeeping	9.00	754,612	-195,970	558,642	63,991.00	8.73
33.00	Housekeeping under contract (see instructions)		131,376	0	131,376	4,160.00	31.58
34.00	Dietary	10.00	956,321	-218,219	738,102	49,740.00	14.84
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00
36.00	Cafeteria	11.00	0	218,219	218,219	17,882.00	12.20
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	865,270	0	865,270	26,163.00	33.07
39.00	Central Services and Supply	14.00	52,229	0	52,229	4,171.00	12.52
40.00	Pharmacy	15.00	920,116	0	920,116	24,309.00	37.85
41.00	Medical Records & Medical Records Library	16.00	1,691,892	-147,537	1,544,355	76,895.00	20.08

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140012

Period:
From 01/01/2012
To 12/31/2012

Worksheet S-3
Part II
Date/Time Prepared:
5/30/2013 1:56 pm

		Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
42.00	Soci al Servi ce	17.00	0	210,496	210,496	7,271.00	28.95	42.00
43.00	Other General Servi ce	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 140012	Period: From 01/01/2012 To 12/31/2012	Worksheet S-3 Part III Date/Time Prepared: 5/30/2013 1:56 pm
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	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	39,553,098	0	39,553,098	1,646,139.00	24.03	1.00
2.00	Excluded area salaries (see instructions)	1,650,365	-55,598	1,594,767	66,625.00	23.94	2.00
3.00	Subtotal salaries (line 1 minus line 2)	37,902,733	55,598	37,958,331	1,579,514.00	24.03	3.00
4.00	Subtotal other wages & related costs (see inst.)	209,471	0	209,471	4,261.00	49.16	4.00
5.00	Subtotal wage-related costs (see inst.)	17,814,982	0	17,814,982	0.00	46.93	5.00
6.00	Total (sum of lines 3 thru 5)	55,927,186	55,598	55,982,784	1,583,775.00	35.35	6.00
7.00	Total overhead cost (see instructions)	13,380,534	-45,042	13,335,492	615,819.00	21.65	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 140012	Period: From 01/01/2012 To 12/31/2012	Worksheet S-3 Part IV Date/Time Prepared: 5/30/2013 1:56 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		2,408,827	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		732,910	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		60,886	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		11,300,431	8.00
9.00	Prescription Drug Plan		1,695,328	9.00
10.00	Dental, Hearing and Vision Plan		479,286	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		108,493	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)		0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)		301,067	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		365,067	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
TAXES				
17.00	FICA-Employers Portion Only		2,679,918	17.00
18.00	Medicare Taxes - Employers Portion Only		876,503	18.00
19.00	Unemployment Insurance		65,466	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		527,588	21.00
22.00	Day Care Cost and Allowances		55,313	22.00
23.00	Tuition Reimbursement		75,158	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		21,732,241	24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 140012	Period: From 01/01/2012 To 12/31/2012	Worksheet S-3 Part V Date/Time Prepared: 5/30/2013 1:56 pm
Cost Center Description			Contract Labor	Benefit Cost
PART V - Contract Labor and Benefit Cost			1.00	2.00
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost		0	0 1.00
2.00	Hospital		0	0 2.00
3.00	Subprovider - IPF		0	0 3.00
4.00	Subprovider - IRF			0 4.00
5.00	Subprovider - (Other)		0	0 5.00
6.00	Swing Beds - SNF		0	0 6.00
7.00	Swing Beds - NF		0	0 7.00
8.00	Hospital-Based SNF		0	0 8.00
9.00	Hospital-Based NF		0	0 9.00
10.00	Hospital-Based OLTC			0 10.00
11.00	Hospital-Based HHA		0	0 11.00
12.00	Separately Certified ASC			0 12.00
13.00	Hospital-Based Hospice		0	0 13.00
14.00	Hospital-Based Health Clinic RHC		0	0 14.00
15.00	Hospital-Based Health Clinic FQHC		0	0 15.00
16.00	Hospital-Based-CMHC		0	0 16.00
17.00	Renal Dialysis			0 17.00
18.00	Other		0	0 18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 140012 Component CCN: 147131		Period: From 01/01/2012 To 12/31/2012		Worksheet S-4 Date/Time Prepared: 5/30/2013 1:56 pm	
				Home Health Agency I		PPS	
				1.00			
0.00	County			LEE		0.00	
		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	1,855	38	0	1,893	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	277.00	31.00	125.00	396.00	2.00
				Number of Employees (Full Time Equivalent)			
		Enter the number of hours in your normal work week		Staff	Contract	Total	
		0		1.00	2.00	3.00	
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	40.00		0.00	0.00	0.00	3.00
4.00	Director(s) and Assistant Director(s)			2.01	0.00	2.01	4.00
5.00	Other Administrative Personnel			1.55	0.00	1.55	5.00
6.00	Direct Nursing Service			5.30	0.00	5.30	6.00
7.00	Nursing Supervisor			0.00	0.00	0.00	7.00
8.00	Physical Therapy Service			0.00	0.00	0.00	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			0.00	0.00	0.00	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.00	0.00	0.00	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			0.00	0.00	0.00	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			0.91	0.00	0.91	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00
18.00	Other (specify)			0.00	0.00	0.00	18.00
HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			1			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).			99914			20.00
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		Without Outliers	With Outliers	3.00	4.00	5.00	
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	1,619	0	106	23	1,748	21.00
22.00	Skilled Nursing Visit Charges	461,072	0	30,478	6,670	498,220	22.00
23.00	Physical Therapy Visits	1,488	0	25	21	1,534	23.00
24.00	Physical Therapy Visit Charges	535,035	0	9,000	7,560	551,595	24.00
25.00	Occupational Therapy Visits	128	0	1	9	138	25.00
26.00	Occupational Therapy Visit Charges	47,981	0	375	3,375	51,731	26.00
27.00	Speech Pathology Visits	56	0	1	9	66	27.00
28.00	Speech Pathology Visit Charges	16,096	0	290	2,610	18,996	28.00
29.00	Medical Social Service Visits	4	0	0	0	4	29.00
30.00	Medical Social Service Visit Charges	1,800	0	0	0	1,800	30.00
31.00	Home Health Aide Visits	672	0	6	9	687	31.00
32.00	Home Health Aide Visit Charges	90,136	0	810	1,215	92,161	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	3,967	0	139	71	4,177	33.00
34.00	Other Charges	0	0	0	0	0	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	1,152,120	0	40,953	21,430	1,214,503	35.00
36.00	Total Number of Episodes (standard/non outlier)	289		48	4	341	36.00
37.00	Total Number of Outlier Episodes		0		0	0	37.00
38.00	Total Non-Routine Medical Supply Charges	131,733	0	6,338	699	138,770	38.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140012	Period: From 01/01/2012 To 12/31/2012	Worksheet S-10 Date/Time Prepared: 5/30/2013 1:56 pm
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			1.00		
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.283164	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		7,564,088	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		N	3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?			4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0	5.00	
6.00	Medicaid charges		46,574,523	6.00	
7.00	Medicaid cost (line 1 times line 6)		13,188,228	7.00	
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		5,624,140	8.00	
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP		0	9.00	
10.00	Stand-alone SCHIP charges		0	10.00	
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0	11.00	
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00	
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		15,551	18.00	
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		5,624,140	19.00	
			Uninsured patients	Insured patients	
			1.00	2.00	
			Total (col. 1 + col. 2)		
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	5,940,444	898,862	6,839,306	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	1,682,120	254,525	1,936,645	21.00
22.00	Partial payment by patients approved for charity care	2,629	6,248	8,877	22.00
23.00	Cost of charity care (line 21 minus line 22)	1,679,491	248,277	1,927,768	23.00
			1.00		
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00	
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0	25.00	
26.00	Total bad debt expense for the entire hospital complex (see instructions)		6,870,400	26.00	
27.00	Medicare bad debts for the entire hospital complex (see instructions)		280,281	27.00	
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)		6,590,119	28.00	
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)		1,866,084	29.00	
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)		3,793,852	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		9,417,992	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 140012		Period: From 01/01/2012 To 12/31/2012		Worksheet A	
Date/Time Prepared: 5/30/2013 1:56 pm							
Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)		
	1.00	2.00	3.00	4.00	5.00		
GENERAL SERVICE COST CENTERS							
1.00 00100	CAP REL COSTS-BLDG & FIXT		3,161,707	3,161,707	873,709	4,035,416	1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		3,102,217	3,102,217	451,818	3,554,035	2.00
3.00 00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00 00400	EMPLOYEE BENEFITS	488,746	18,418,885	18,907,631	0	18,907,631	4.00
5.01 00510	NONPATIENT TELEPHONES	0	0	0	712,388	712,388	5.01
5.02 00520	DATA PROCESSING	1,612,546	1,400,520	3,013,066	-711,377	2,301,689	5.02
5.03 00530	PURCHASING RECEIVING AND STORES	356,419	519,258	875,677	-89,595	786,082	5.03
5.04 00550	CASHIERING/ACCOUNTS RECEIVABLE	1,705,019	1,795,614	3,500,633	9,301	3,509,934	5.04
5.05 00560	OTHER ADMINISTRATIVE AND GENERAL	2,864,649	5,823,464	8,688,113	-129,994	8,558,119	5.05
7.00 00700	OPERATION OF PLANT	952,260	2,798,704	3,750,964	-193,682	3,557,282	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	29,079	355,834	384,913	0	384,913	8.00
9.00 00900	HOUSEKEEPING	754,612	551,890	1,306,502	-210,963	1,095,539	9.00
10.00 01000	DIETARY	956,321	691,498	1,647,819	-771,417	876,402	10.00
11.00 01100	CAFETERIA	0	0	0	771,417	771,417	11.00
13.00 01300	NURSING ADMINISTRATION	865,270	120,344	985,614	0	985,614	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	52,229	2,995,082	3,047,311	-3,653,778	-606,467	14.00
15.00 01500	PHARMACY	920,116	2,729,334	3,649,450	-2,664,527	984,923	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,691,892	539,522	2,231,414	-163,444	2,067,970	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01 01701	UTILIZATION REVIEW	0	0	0	226,403	226,403	17.01
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	671,032	671,032	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	836,580	913,660	1,750,240	-593,622	1,156,618	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	5,042,228	726,421	5,768,649	-116,871	5,651,778	30.00
31.00 03100	INTENSIVE CARE UNIT	1,081,789	161,461	1,243,250	1,785	1,245,035	31.00
40.00 04000	SUBPROVIDER - I PF	979,688	108,857	1,088,545	198	1,088,743	40.00
42.00 04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300	NURSERY	341,979	59,601	401,580	1,617	403,197	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	1,391,773	781,463	2,173,236	-156,899	2,016,337	50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	108,062	108,062	52.00
53.00 05300	ANESTHESIOLOGY	0	70,584	70,584	-33,299	37,285	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	1,116,792	1,097,591	2,214,383	-1,603	2,212,780	54.00
54.01 05401	ULTRA SOUND	341,004	71,497	412,501	507	413,008	54.01
57.00 05700	CT SCAN	113,259	249,233	362,492	0	362,492	57.00
58.00 05800	MRI	172,128	213,588	385,716	0	385,716	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	1,903,195	1,903,195	59.00
60.00 06000	LABORATORY	2,355,348	2,865,052	5,220,400	4,149	5,224,549	60.00
60.01 06001	BLOOD BANK	0	0	0	0	0	60.01
65.00 06500	RESPIRATORY THERAPY	758,093	238,947	997,040	-216,395	780,645	65.00
66.00 06600	PHYSICAL THERAPY	1,467,415	356,593	1,824,008	-69,764	1,754,244	66.00
67.00 06700	OCCUPATIONAL THERAPY	294,088	36,808	330,896	36,386	367,282	67.00
68.00 06800	SPEECH PATHOLOGY	241,067	64,110	305,177	-32,937	272,240	68.00
69.00 06900	ELECTROCARDIOLOGY	943,577	1,669,621	2,613,198	-2,792,304	-179,106	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	261,336	55,212	316,548	1,479	318,027	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	4,429,425	4,429,425	71.00
71.01 07101	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	99,847	8,957	108,804	0	108,804	71.01
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	675,173	675,173	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	1,005,757	1,005,757	2,535,565	3,541,322	73.00
75.00 07500	ASC (NON-DISTINCT PART)	509,039	92,655	601,694	3,374	605,068	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000	CLINIC	0	0	0	0	0	90.00
90.01 09001	PROVIDER BASED CLINICS	24,579,185	5,745,594	30,324,779	110,656	30,435,435	90.01
91.00 09100	EMERGENCY	3,602,430	533,184	4,135,614	-3,783	4,131,831	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.00 09900	CMHC	0	0	0	0	0	99.00
101.00 10100	HOME HEALTH AGENCY	529,539	100,678	630,217	-52,324	577,893	101.00
SPECIAL PURPOSE COST CENTERS							
113.00 11300	INTEREST EXPENSE	0	870,143	870,143	-870,143	0	113.00
116.00 11600	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	60,307,342	63,101,140	123,408,482	-1,082	123,407,400	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	61,443	171,993	233,436	0	233,436	190.00
194.00 07950	MEALS ON WHEELS	0	0	0	0	0	194.00
194.10 07958	IHAP	79,695	-99,139	-19,444	1,082	-18,362	194.10
200.00	TOTAL (SUM OF LINES 118-199)	60,448,480	63,173,994	123,622,474	0	123,622,474	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 140012	Period: From 01/01/2012 To 12/31/2012	Worksheet A Date/Time Prepared: 5/30/2013 1:56 pm
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Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation		
		6.00	7.00		
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-350,110	3,685,306	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-60,924	3,493,111	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS	-68,913	18,838,718	4.00
5.01	00510	NONPATIENT TELEPHONES	-2,800	709,588	5.01
5.02	00520	DATA PROCESSING	0	2,301,689	5.02
5.03	00530	PURCHASING RECEIVING AND STORES	-31,407	754,675	5.03
5.04	00550	CASHIERING/ACCOUNTS RECEIVABLE	0	3,509,934	5.04
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL	-2,036,811	6,521,308	5.05
7.00	00700	OPERATION OF PLANT	-24,255	3,533,027	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	384,913	8.00
9.00	00900	HOUSEKEEPING	0	1,095,539	9.00
10.00	01000	DIETARY	0	876,402	10.00
11.00	01100	CAFETERIA	-376,570	394,847	11.00
13.00	01300	NURSING ADMINISTRATION	-276,151	709,463	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	-606,467	14.00
15.00	01500	PHARMACY	0	984,923	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-61,314	2,006,656	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
17.01	01701	UTILIZATION REVIEW	0	226,403	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	671,032	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	1,156,618	22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	0	5,651,778	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,245,035	31.00
40.00	04000	SUBPROVIDER - IPF	0	1,088,743	40.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	403,197	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	45.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	2,016,337	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	108,062	52.00
53.00	05300	ANESTHESIOLOGY	0	37,285	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-4,299	2,208,481	54.00
54.01	05401	ULTRA SOUND	0	413,008	54.01
57.00	05700	CT SCAN	0	362,492	57.00
58.00	05800	MRI	0	385,716	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,903,195	59.00
60.00	06000	LABORATORY	-433,202	4,791,347	60.00
60.01	06002	BLOOD BANK	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	780,645	65.00
66.00	06600	PHYSICAL THERAPY	-5	1,754,239	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	367,282	67.00
68.00	06800	SPEECH PATHOLOGY	0	272,240	68.00
69.00	06900	ELECTROCARDIOLOGY	0	-179,106	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	318,027	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	4,429,425	71.00
71.01	07101	PSYCHIATRY/PSYCHOLOGICAL SERVICES	0	108,804	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	675,173	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	3,541,322	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	605,068	75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	0	90.00
90.01	09001	PROVIDER BASED CLINICS	-19,355,209	11,080,226	90.01
91.00	09100	EMERGENCY	-1,823,590	2,308,241	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
99.00	09900	CMHC	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0	577,893	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
116.00	11600	HOSPICE	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-24,905,560	98,501,840	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	233,436	190.00
194.00	07950	MEALS ON WHEELS	0	0	194.00
194.10	07958	IHAP	0	-18,362	194.10
200.00		TOTAL (SUM OF LINES 118-199)	-24,905,560	98,716,914	200.00

RECLASSIFICATIONS

Provider CCN: 140012

Period:
From 01/01/2012
To 12/31/2012

Worksheet A-6
Date/Time Prepared:
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		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
A - DIETARY TO CAFETERIA						
1.00	CAFETERIA	11.00	218,219	0	1.00	
2.00	CAFETERIA	11.00	0	553,198	2.00	
	TOTALS		218,219	553,198		
B - LABOR & DELIVERY RECLASS						
1.00	DELIVERY ROOM & LABOR ROOM	52.00	82,230	0	1.00	
2.00	DELIVERY ROOM & LABOR ROOM	52.00	0	20,137	2.00	
	TOTALS		82,230	20,137		
C - INTEREST EXPENSE						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	810,013	1.00	
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	60,130	2.00	
3.00		0.00	0	0	3.00	
	TOTALS		0	870,143		
D - COMMUNICATIONS EXPENSE						
1.00	NONPATIENT TELEPHONES	5.01	218,369	0	1.00	
2.00	NONPATIENT TELEPHONES	5.01	0	494,019	2.00	
	TOTALS		218,369	494,019		
E - RECLASS BILLABLE SUPPLIES						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	4,418,974	1.00	
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	675,173	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
14.00		0.00	0	0	14.00	
15.00		0.00	0	0	15.00	
16.00		0.00	0	0	16.00	
17.00		0.00	0	0	17.00	
18.00		0.00	0	0	18.00	
19.00		0.00	0	0	19.00	
20.00		0.00	0	0	20.00	
	TOTALS		0	5,094,147		
F - RECLASS BILLABLE DRUGS						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	2,535,565	1.00	
	TOTALS		0	2,535,565		
G - TRAVEL EXPENSES TO HHC						
1.00	HOME HEALTH AGENCY	101.00	0	7,093	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
	TOTALS		0	7,093		
H - PROPERTY INSURANCE						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	63,696	1.00	
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	26,480	2.00	
	TOTALS		0	90,176		
I - PT DIRECTOR SLARY TO OT						
1.00	OCCUPATIONAL THERAPY	67.00	33,386	0	1.00	
	TOTALS		33,386	0		
J - BIO-MED COSTS						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	278	1.00	
2.00	LABORATORY	60.00	0	9,286	2.00	
3.00	ELECTROCARDIOLOGY	69.00	0	10,699	3.00	
4.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	10,451	4.00	
5.00	ASC (NON-DISTINCT PART)	75.00	0	3,849	5.00	
6.00	EMERGENCY	91.00	0	4,840	6.00	
7.00	INTENSIVE CARE UNIT	31.00	0	6,636	7.00	
8.00	DELIVERY ROOM & LABOR ROOM	52.00	0	5,695	8.00	
9.00	ADULTS & PEDIATRICS	30.00	0	7,302	9.00	
10.00	NURSERY	43.00	0	1,619	10.00	
11.00	PHARMACY	15.00	0	21,468	11.00	
12.00	PHYSICAL THERAPY	66.00	0	1,869	12.00	
13.00	SUBPROVIDER - IPF	40.00	0	215	13.00	
14.00	RESPIRATORY THERAPY	65.00	0	11,253	14.00	
15.00	PROVIDER BASED CLINICS	90.01	0	275	15.00	

RECLASSIFICATIONS

Provider CCN: 140012

Period:
From 01/01/2012
To 12/31/2012

Worksheet A-6
Date/Time Prepared:
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Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,099	16.00
17.00	OPERATING ROOM	50.00	0	37,767	17.00
18.00	PROVIDER BASED CLINICS	90.01	0	31,815	18.00
	TOTALS		0	167,416	
K - HOUSEKEEPING RECLASS					
1.00	PHYSICAL THERAPY	66.00	4,406	0	1.00
2.00	SPEECH PATHOLOGY	68.00	1,725	0	2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	1,645	0	3.00
4.00	PURCHASING RECEIVING AND STORES	5.03	13,456	0	4.00
5.00	CASHIERING/ACCOUNTS RECEIVABLE	5.04	2,918	0	5.00
6.00	ELECTROENCEPHALOGRAPHY	70.00	3,045	0	6.00
7.00	PROVIDER BASED CLINICS	90.01	129,746	0	7.00
8.00	DATA PROCESSING	5.02	1,205	0	8.00
9.00	HOME HEALTH AGENCY	101.00	2,466	0	9.00
11.00	CASHIERING/ACCOUNTS RECEIVABLE	5.04	5,722	0	11.00
12.00	OPERATION OF PLANT	7.00	594	0	12.00
13.00	I HAP	194.10	1,005	0	13.00
14.00	ELECTROCARDIOLOGY	69.00	6,053	0	14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	652	0	15.00
16.00	ULTRA SOUND	54.01	654	0	16.00
17.00	OPERATION OF PLANT	7.00	6,198	0	17.00
18.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	6,962	0	18.00
19.00	PHYSICAL THERAPY	66.00	0	337	19.00
20.00	OCCUPATIONAL THERAPY	67.00	0	337	20.00
21.00	SPEECH PATHOLOGY	68.00	0	132	21.00
22.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	126	22.00
23.00	PURCHASING RECEIVING AND STORES	5.03	0	1,029	23.00
24.00	CASHIERING/ACCOUNTS RECEIVABLE	5.04	0	223	24.00
25.00	ELECTROENCEPHALOGRAPHY	70.00	0	233	25.00
26.00	PROVIDER BASED CLINICS	90.01	0	9,927	26.00
27.00	HOME HEALTH AGENCY	101.00	0	189	27.00
29.00	CASHIERING/ACCOUNTS RECEIVABLE	5.04	0	438	29.00
30.00	OPERATION OF PLANT	7.00	0	45	30.00
31.00	ELECTROCARDIOLOGY	69.00	0	463	31.00
32.00	RADIOLOGY-DIAGNOSTIC	54.00	0	50	32.00
33.00	ULTRA SOUND	54.01	0	50	33.00
34.00	OPERATION OF PLANT	7.00	0	474	34.00
35.00	DATA PROCESSING	5.02	0	92	35.00
36.00	I HAP	194.10	0	77	36.00
37.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	533	37.00
38.00	OCCUPATIONAL THERAPY	67.00	4,406	0	38.00
39.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	3,112	0	39.00
40.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	238	40.00
	TOTALS		195,970	14,993	
L - RECLASSUR COSTS					
1.00	UTILIZATION REVIEW	17.01	207,933	0	1.00
2.00	UTILIZATION REVIEW	17.01	0	15,907	2.00
	TOTALS		207,933	15,907	
M - MEDICAL DIRECTORS COSTS					
1.00		0.00	0	0	1.00
2.00	UTILIZATION REVIEW	17.01	2,563	0	2.00
	TOTALS		2,563	0	
N - LEASE COSTS					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	365,208	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00

		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
14.00		0.00	0	0	14.00	
TOTALS			0	365,208		
O - ADMISSION KITS						
1.00		0.00	0	0	1.00	
TOTALS			0	0		
P - PHYSICIAN METING TIME						
1.00	MEDICAL RECORDS & LIBRARY	16.00	60,396	0	1.00	
2.00		0.00	0	0	2.00	
TOTALS			60,396	0		
Q - PHYSICIAN PRACTICE AMORTIZATION						
1.00	PROVIDER BASED CLINICS	90.01	0	94,020	1.00	
TOTALS			0	94,020		
R - RESIDENCY COSTS						
1.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	671,032	1.00	
2.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	69,915	0	2.00	
3.00		0.00	0	0	3.00	
TOTALS			69,915	671,032		
S - RECLASS CARDIAC CATH LAB						
1.00	CARDIAC CATHETERIZATION	59.00	667,989	0	1.00	
2.00	CARDIAC CATHETERIZATION	59.00	0	1,235,206	2.00	
TOTALS			667,989	1,235,206		
T - RECLASS EKG						
1.00	ELECTROCARDIOLOGY	69.00	121,089	0	1.00	
2.00	ELECTROCARDIOLOGY	69.00	0	90,976	2.00	
TOTALS			121,089	90,976		
V - RECALSS PATIENT ADVOCATE SALARY						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	59,069	0	1.00	
2.00		0.00	0	0	2.00	
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	634	3.00	
4.00		0.00	0	0	4.00	
TOTALS			59,069	634		
500.00	Grand Total: Increases		1,937,128	12,319,870	500.00	

RECLASSIFICATIONS

Provider CCN: 140012

Period:
From 01/01/2012
To 12/31/2012

Worksheet A-6
Date/Time Prepared:
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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - DIETARY TO CAFETERIA							
1.00	DIETARY	10.00	218,219	0	0		1.00
2.00	DIETARY	10.00	0	553,198	0		2.00
	TOTALS		218,219	553,198			
B - LABOR & DELIVERY RECLASS							
1.00	ADULTS & PEDIATRICS	30.00	82,230	0	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	20,137	0		2.00
	TOTALS		82,230	20,137			
C - INTEREST EXPENSE							
1.00		0.00	0	0	11		1.00
2.00		0.00	0	0	11		2.00
3.00	INTEREST EXPENSE	113.00	0	870,143	11		3.00
	TOTALS		0	870,143			
D - COMMUNICATIONS EXPENSE							
1.00	DATA PROCESSING	5.02	218,369	0	0		1.00
2.00	DATA PROCESSING	5.02	0	494,019	0		2.00
	TOTALS		218,369	494,019			
E - RECLASS BILLABLE SUPPLIES							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	3,633,905	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	10,778	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	0	3,952	0		3.00
4.00	OPERATING ROOM	50.00	0	150,716	0		4.00
5.00	ASC (NON-DISTINCT PART)	75.00	0	475	0		5.00
6.00	ANESTHESIOLOGY	53.00	0	28,238	0		6.00
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	18	0		7.00
8.00	ULTRA SOUND	54.01	0	197	0		8.00
9.00	SPEECH PATHOLOGY	68.00	0	34,751	0		9.00
10.00	ELECTROCARDIOLOGY	69.00	0	1,118,389	0		10.00
11.00	RESPIRATORY THERAPY	65.00	0	9,508	0		11.00
12.00	PHYSICAL THERAPY	66.00	0	36,126	0		12.00
13.00	OCCUPATIONAL THERAPY	67.00	0	1,557	0		13.00
14.00	EMERGENCY	91.00	0	3,790	0		14.00
15.00	HOME HEALTH AGENCY	101.00	0	2,369	0		15.00
16.00	NURSERY	43.00	0	2	0		16.00
17.00	PROVIDER BASED CLINICS	90.01	0	25,514	0		17.00
18.00	SUBPROVIDER - IPF	40.00	0	17	0		18.00
19.00	PROVIDER BASED CLINICS	90.01	0	268	0		19.00
20.00	OPERATION OF PLANT	7.00	0	33,577	0		20.00
	TOTALS		0	5,094,147			
F - RECLASS BILLABLE DRUGS							
1.00	PHARMACY	15.00	0	2,535,565	0		1.00
	TOTALS		0	2,535,565			
G - TRAVEL EXPENSES TO HHC							
1.00	PHYSICAL THERAPY	66.00	0	6,864	0		1.00
2.00	OCCUPATIONAL THERAPY	67.00	0	186	0		2.00
3.00	SPEECH PATHOLOGY	68.00	0	43	0		3.00
	TOTALS		0	7,093			
H - PROPERTY INSURANCE							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	90,176	12		1.00
2.00		0.00	0	0	12		2.00
	TOTALS		0	90,176			
I - PT DIRECTOR SLARY TO OT							
1.00	PHYSICAL THERAPY	66.00	33,386	0	0		1.00
	TOTALS		33,386	0			
J - BIO-MED COSTS							
1.00	OPERATION OF PLANT	7.00	0	167,416	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00
16.00		0.00	0	0	0		16.00
17.00		0.00	0	0	0		17.00
18.00		0.00	0	0	0		18.00

RECLASSIFICATIONS

Provider CCN: 140012

Period:
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		Decreases				
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.	
6.00		7.00	8.00	9.00	10.00	
TOTALS			0	167,416		
K - HOUSEKEEPING RECLASS						
1.00	HOUSEKEEPING	9.00	195,970	0	0	1.00
2.00	HOUSEKEEPING	9.00	0	14,993	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
8.00		0.00	0	0	0	8.00
9.00		0.00	0	0	0	9.00
11.00		0.00	0	0	0	11.00
12.00		0.00	0	0	0	12.00
13.00		0.00	0	0	0	13.00
14.00		0.00	0	0	0	14.00
15.00		0.00	0	0	0	15.00
16.00		0.00	0	0	0	16.00
17.00		0.00	0	0	0	17.00
18.00		0.00	0	0	0	18.00
19.00		0.00	0	0	0	19.00
20.00		0.00	0	0	0	20.00
21.00		0.00	0	0	0	21.00
22.00		0.00	0	0	0	22.00
23.00		0.00	0	0	0	23.00
24.00		0.00	0	0	0	24.00
25.00		0.00	0	0	0	25.00
26.00		0.00	0	0	0	26.00
27.00		0.00	0	0	0	27.00
29.00		0.00	0	0	0	29.00
30.00		0.00	0	0	0	30.00
31.00		0.00	0	0	0	31.00
32.00		0.00	0	0	0	32.00
33.00		0.00	0	0	0	33.00
34.00		0.00	0	0	0	34.00
35.00		0.00	0	0	0	35.00
36.00		0.00	0	0	0	36.00
37.00		0.00	0	0	0	37.00
38.00		0.00	0	0	0	38.00
39.00		0.00	0	0	0	39.00
40.00		0.00	0	0	0	40.00
TOTALS			195,970	14,993		
L - RECLASSUR COSTS						
1.00	MEDICAL RECORDS & LIBRARY	16.00	207,933	0	0	1.00
2.00	MEDICAL RECORDS & LIBRARY	16.00	0	15,907	0	2.00
TOTALS			207,933	15,907		
M - MEDICAL DIRECTORS COSTS						
1.00	PROVIDER BASED CLINICS	90.01	2,563	0	0	1.00
2.00		0.00	0	0	0	2.00
TOTALS			2,563	0		
N - LEASE COSTS						
1.00	INTENSIVE CARE UNIT	31.00	0	899	10	1.00
2.00	ADULTS & PEDIATRICS	30.00	0	11,028	10	2.00
3.00	OPERATING ROOM	50.00	0	43,950	10	3.00
4.00	LABORATORY	60.00	0	5,137	10	4.00
5.00	PHARMACY	15.00	0	150,430	10	5.00
6.00	RESPIRATORY THERAPY	65.00	0	6,075	10	6.00
7.00	ELECTROENCEPHALOGRAPHY	70.00	0	1,799	10	7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	4,386	10	8.00
9.00	PROVIDER BASED CLINICS	90.01	0	7,254	10	9.00
10.00	CENTRAL SERVICES & SUPPLY	14.00	0	19,873	10	10.00
11.00	PURCHASING RECEIVING AND STORES	5.03	0	104,080	10	11.00
12.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	4,950	10	12.00
13.00	ANESTHESIOLOGY	53.00	0	5,061	0	13.00
14.00	DATA PROCESSING	5.02	0	286	0	14.00
TOTALS			0	365,208		
O - ADMINISTRATION KITS						
1.00		0.00	0	0	0	1.00
TOTALS			0	0		
P - PHYSICIAN MEETING TIME						
1.00	PROVIDER BASED CLINICS	90.01	55,563	0	0	1.00
2.00	EMERGENCY	91.00	4,833	0	0	2.00
TOTALS			60,396	0		

RECLASSIFICATIONS

Provider CCN: 140012

Period:
From 01/01/2012
To 12/31/2012

Worksheet A-6

Date/Time Prepared:
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Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
Q - PHYSICIAN PRACTICE AMORTIZATION						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	94,020	0	1.00
	TOTALS		0	94,020		
R - RESIDENCY COSTS						
1.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	671,032	0	1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	5,950	0	0	2.00
3.00	PROVIDER BASED CLINICS	90.01	63,965	0	0	3.00
	TOTALS		69,915	671,032		
S - RECLASS CARDIAC CATH LAB						
1.00	ELECTROCARDIOLOGY	69.00	667,989	0	0	1.00
2.00	ELECTROCARDIOLOGY	69.00	0	1,235,206	0	2.00
	TOTALS		667,989	1,235,206		
T - RECLASS EKG						
1.00	RESPIRATORY THERAPY	65.00	121,089	0	0	1.00
2.00	RESPIRATORY THERAPY	65.00	0	90,976	0	2.00
	TOTALS		121,089	90,976		
V - RECALSS PATIENT ADVOCATE SALARY						
1.00		0.00	0	0	0	1.00
2.00	HOME HEALTH AGENCY	101.00	59,069	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00	HOME HEALTH AGENCY	101.00	0	634	0	4.00
	TOTALS		59,069	634		
500.00	Grand Total: Decreases		1,937,128	12,319,870		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140012

Period:
From 01/01/2012
To 12/31/2012

Worksheet A-7
Part I
Date/Time Prepared:
5/30/2013 1:56 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	2,129,972	0	0	0	1.00
2.00	Land Improvements	4,982,577	11,213	0	11,213	2.00
3.00	Buildings and Fixtures	45,953,537	1,843,603	0	1,843,603	3.00
4.00	Building Improvements	19,000	0	0	0	4.00
5.00	Fixed Equipment	26,872,091	1,873,475	0	1,873,475	5.00
6.00	Movable Equipment	34,493,758	1,268,037	0	1,268,037	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	114,450,935	4,996,328	0	4,996,328	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	114,450,935	4,996,328	0	4,996,328	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	2,129,972	0			1.00
2.00	Land Improvements	4,729,371	704,261			2.00
3.00	Buildings and Fixtures	47,484,339	11,122,345			3.00
4.00	Building Improvements	19,000	7,550			4.00
5.00	Fixed Equipment	28,576,830	7,720,340			5.00
6.00	Movable Equipment	35,128,615	17,929,794			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	118,068,127	37,484,290			8.00
9.00	Reconciling Items	0	227,300			9.00
10.00	Total (line 8 minus line 9)	118,068,127	37,256,990			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140012

Period:
From 01/01/2012
To 12/31/2012

Worksheet A-7
Part II
Date/Time Prepared:
5/30/2013 1:56 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	3,161,707	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	3,102,217	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	6,263,924	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	3,161,707				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	3,102,217				2.00
3.00	Total (sum of lines 1-2)	0	6,263,924				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS		Provider CCN: 140012	Period: From 01/01/2012 To 12/31/2012	Worksheet A-7 Part III Date/Time Prepared: 5/30/2013 1:56 pm
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Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	82,939,512	0	82,939,512	0.706357	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	35,128,616	649,374	34,479,242	0.293643	0	2.00
3.00	Total (sum of lines 1-2)	118,068,128	649,374	117,418,754	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	3,161,707	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	3,067,645	365,208	2.00
3.00	Total (sum of lines 1-2)	0	0	0	6,229,352	365,208	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	459,903	63,696	0	0	3,685,306	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	33,778	26,480	0	0	3,493,111	2.00
3.00	Total (sum of lines 1-2)	493,681	90,176	0	0	7,178,417	3.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-350,110	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-26,352	CAP REL COSTS-MVBLE EQUIP	2.00	11	2.00
3.00 Investment income - other (chapter 2)		0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)	B	-31,407	PURCHASING RECEIVING AND STORES	5.03	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-2,800	NONPATIENT TELEPHONES	5.01	0	7.00
8.00 Television and radio service (chapter 21)	A	-24,255	OPERATION OF PLANT	7.00	0	8.00
9.00 Parking lot (chapter 21)		0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-21,603,629			0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	0			0	12.00
13.00 Laundry and linen service		0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-375,993	CAFETERIA	11.00	0	14.00
15.00 Rental of quarters to employee and others		0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00 Sale of drugs to other than patients		0		0.00	0	17.00
18.00 Sale of medical records and abstracts	B	-61,314	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00 Vending machines	B	-577	CAFETERIA	11.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00 Physicians' assistant		0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00 GAIN ON SALE OF ASSET	B	-34,572	CAP REL COSTS-MVBLE EQUIP	2.00	9	33.00
35.00 NON ALLOWABLE A&G	A	-258,094	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	35.00
36.00 EMS TUITION	B	-8,160	EMERGENCY	91.00	0	36.00

Provider CCN: 140012

Period:
 From 01/01/2012
 To 12/31/2012

Worksheet A-8

Date/Time Prepared:
 5/30/2013 1:56 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
			Cost Center	Line #	
			1.00	2.00	
36.01 EDUCATION REV (LIFE SUPPORT)	B	-21,481	NURSING ADMINISTRATION	13.00	0 36.01
37.00 SALE OF RADIOLOGY COPIES	B	-4,299	RADIOLOGY-DIAGNOSTIC	54.00	0 37.00
38.00 SALE OF MEDICAL RECORDS	B	-212	PROVIDER BASED CLINICS	90.01	0 38.00
39.00 NON ALLOW ADVERTISING	A	-127,057	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 39.00
40.00 MISC REVENUE	B	-36,201	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 40.00
40.01 GRANT REVENUE	B	-254,670	NURSING ADMINISTRATION	13.00	0 40.01
40.02 SPECIAL PROGRAM REVENUE	B	-5	PHYSICAL THERAPY	66.00	0 40.02
41.00 OFFSET AHA LOBBYING DUES	A	-33,263	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 41.00
42.00 EMPLOYEE PHYSICIANS	A	-68,913	EMPLOYEE BENEFITS	4.00	0 42.00
43.00 PHYSICIAN RECRUITMENT COSTS	A	-113,152	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 43.00
44.00 IPA TAX	A	-1,469,044	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 44.00
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-24,905,560			50.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140012

Period:
From 01/01/2012
To 12/31/2012

Worksheet A-8-2

Date/Time Prepared:
5/30/2013 1:56 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	60.00	LABORATORY	628,799	341,909	286,890	208,000	1,898	1.00
2.00	91.00	EMERGENCY	2,172,592	1,108,022	1,064,570	159,800	4,209	2.00
3.00	90.01	PROVIDER BASED CLINICS	18,584,146	18,584,146	0	159,800	0	3.00
4.00	90.01	PROVIDER BASED CLINICS	925,296	751,032	174,264	159,800	1,919	4.00
5.00	0.00		0	0	0	0	0	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			22,310,833	20,785,109	1,525,724		8,026	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	60.00	LABORATORY	189,800	9,490	2,703	1,233	10,004	1.00
2.00	91.00	EMERGENCY	323,365	16,168	20,569	10,079	48,405	2.00
3.00	90.01	PROVIDER BASED CLINICS	0	0	162,038	0	689,762	3.00
4.00	90.01	PROVIDER BASED CLINICS	147,431	7,372	3,667	691	33,576	4.00
5.00	0.00		0	0	0	0	0	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			660,596	33,030	188,977	12,003	781,747	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	1.00	2.00	15.00	16.00	17.00	18.00	
1.00	60.00	LABORATORY	4,564	195,597	91,293	433,202	1.00
2.00	91.00	EMERGENCY	23,718	357,162	707,408	1,815,430	2.00
3.00	90.01	PROVIDER BASED CLINICS	0	0	0	18,584,146	3.00
4.00	90.01	PROVIDER BASED CLINICS	6,323	154,445	19,819	770,851	4.00
5.00	0.00		0	0	0	0	5.00
6.00	0.00		0	0	0	0	6.00
7.00	0.00		0	0	0	0	7.00
8.00	0.00		0	0	0	0	8.00
9.00	0.00		0	0	0	0	9.00
10.00	0.00		0	0	0	0	10.00
200.00			34,605	707,204	818,520	21,603,629	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140012

Period:
From 01/01/2012
To 12/31/2012

Worksheet B
Part I
Date/Time Prepared:
5/30/2013 1:56 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	3,685,306	3,685,306			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	3,493,111		3,493,111		2.00
4.00 00400	EMPLOYEE BENEFITS	18,838,718	39,880	16,254	18,894,852	4.00
5.01 00510	NONPATIENT TELEPHONES	709,588	4,374	0	68,814	782,776 5.01
5.02 00520	DATA PROCESSING	2,301,689	68,424	764,281	439,721	36,144 5.02
5.03 00530	PURCHASING RECEIVING AND STORES	754,675	106,072	136,428	116,557	11,360 5.03
5.04 00550	CASHIERING/ACCOUNTS RECEIVABLE	3,509,934	107,464	7,023	540,019	28,915 5.04
5.05 00560	OTHER ADMINISTRATIVE AND GENERAL	6,521,308	111,151	74,300	920,964	53,700 5.05
7.00 00700	OPERATION OF PLANT	3,533,027	1,125,877	47,369	302,222	18,588 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	384,913	1,616	0	9,164	0 8.00
9.00 00900	HOUSEKEEPING	1,095,539	34,979	2,449	176,043	3,098 9.00
10.00 01000	DIETARY	876,402	39,853	3,801	232,595	12,392 10.00
11.00 01100	CAFETERIA	394,847	32,230	14,298	68,766	2,065 11.00
13.00 01300	NURSING ADMINISTRATION	709,463	20,350	3,821	272,669	18,588 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	-606,467	6,043	20,997	16,459	2,065 14.00
15.00 01500	PHARMACY	984,923	21,466	195,239	289,952	16,523 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	2,006,656	43,441	4,776	486,666	30,981 16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	0 17.00
17.01 01701	UTILIZATION REVIEW	226,403	1,214	0	66,333	3,098 17.01
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	671,032	0	0	0	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,156,618	36,675	7,043	170,075	23,752 22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	5,651,778	285,905	113,794	1,563,024	61,961 30.00
31.00 03100	INTENSIVE CARE UNIT	1,245,035	31,374	29,818	340,900	17,556 31.00
40.00 04000	SUBPROVIDER - IPF	1,088,743	78,099	2,577	308,725	18,588 40.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	403,197	4,722	10,040	107,766	2,065 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
45.00 04500	NURSING FACILITY	0	0	0	0	0 45.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	2,016,337	120,692	385,583	438,584	39,242 50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	108,062	11,193	4,717	25,913	1,033 52.00
53.00 05300	ANESTHESIOLOGY	37,285	634	46,481	0	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	2,208,481	56,312	512,921	352,136	18,588 54.00
54.01 05401	ULTRA SOUND	413,008	2,829	66,867	107,665	4,131 54.01
57.00 05700	CT SCAN	362,492	5,132	12,623	35,691	2,065 57.00
58.00 05800	MRI	385,716	4,293	344,821	54,242	2,065 58.00
59.00 05900	CARDIAC CATHETERIZATION	1,903,195	79,384	77,999	210,501	19,621 59.00
60.00 06000	LABORATORY	4,791,347	47,698	115,320	742,231	24,784 60.00
60.01 06002	BLOOD BANK	0	0	0	0	0 60.01
65.00 06500	RESPIRATORY THERAPY	780,645	23,144	41,732	200,737	19,621 65.00
66.00 06600	PHYSICAL THERAPY	1,754,239	79,857	63,802	453,288	13,425 66.00
67.00 06700	OCCUPATIONAL THERAPY	367,282	0	291	104,584	3,098 67.00
68.00 06800	SPEECH PATHOLOGY	272,240	15,638	8,181	76,510	6,196 68.00
69.00 06900	ELECTROCARDIOLOGY	-179,106	1,250	18,297	126,911	2,065 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	318,027	14,567	18,142	83,313	2,065 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,429,425	0	0	0	0 71.00
71.01 07101	PSYCHIATRY/PSYCHOLOGICAL SERVICES	108,804	26,170	1,930	31,464	6,196 71.01
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	675,173	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	3,541,322	0	0	0	0 73.00
75.00 07500	ASC (NON-DISTINCT PART)	605,068	37,059	22,201	160,411	11,360 75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00 09000	CLINIC	0	0	0	0	0 90.00
90.01 09001	PROVIDER BASED CLINICS	11,080,226	826,735	227,835	7,865,714	202,410 90.01
91.00 09100	EMERGENCY	2,308,241	77,938	61,753	1,133,696	33,046 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
OTHER REIMBURSABLE COST CENTERS						
99.00 09900	CMHC	0	0	0	0	0 99.00
101.00 10100	HOME HEALTH AGENCY	577,893	30,124	6,110	149,034	8,261 101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE	0	0	0	0	0 113.00
116.00 11600	HOSPICE	0	0	0	0	0 116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	98,501,840	3,661,858	3,491,914	18,850,059	780,711 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	233,436	13,558	1,197	19,362	2,065 190.00
194.00 07950	MEALS ON WHEELS	0	0	0	0	0 194.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 140012	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part I Date/Time Prepared: 5/30/2013 1:56 pm			
Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	4.00	5.01	
194.10	07958	IHAP	-18,362	9,890	0	25,431	0	194.10
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	98,716,914	3,685,306	3,493,111	18,894,852	782,776	202.00
Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	
			5.02	5.03	5.04	5A.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00520	DATA PROCESSING	3,610,259					5.02
5.03	00530	PURCHASING RECEIVING AND STORES	39,892	1,164,984				5.03
5.04	00550	CASHIERING/ACCOUNTS RECEIVABLE	169,543	6,473	4,369,371			5.04
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL	229,381	11,761	0	7,922,565	7,922,565	5.05
7.00	00700	OPERATION OF PLANT	44,879	68,054	0	5,140,016	445,804	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	395,693	34,319	8.00
9.00	00900	HOUSEKEEPING	0	11,271	0	1,323,379	114,779	9.00
10.00	01000	DIETARY	29,919	825	0	1,195,787	103,713	10.00
11.00	01100	CAFETERIA	0	3,102	0	515,308	44,694	11.00
13.00	01300	NURSING ADMINISTRATION	89,758	579	0	1,115,228	96,726	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	9,973	0	0	-550,930	0	14.00
15.00	01500	PHARMACY	54,852	1,874	0	1,564,829	135,721	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	234,368	22,783	0	2,829,671	245,423	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	UTILIZATION REVIEW	19,946	0	0	316,994	27,494	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	671,032	58,200	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	49,865	6,551	0	1,450,579	125,812	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	179,516	31,952	221,408	8,109,338	703,339	30.00
31.00	03100	INTENSIVE CARE UNIT	24,933	8,338	60,357	1,758,311	152,502	31.00
40.00	04000	SUBPROVIDER - IPF	34,906	1,949	105,795	1,639,382	142,187	40.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	2,974	13,778	544,542	47,229	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	154,583	84,442	417,126	3,656,589	317,143	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,559	17,441	169,918	14,737	52.00
53.00	05300	ANESTHESIOLOGY	0	6,852	54,720	145,972	12,660	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	139,623	48,158	139,512	3,475,731	301,457	54.00
54.01	05401	ULTRA SOUND	0	3,370	63,231	661,101	57,339	54.01
57.00	05700	CT SCAN	4,987	11,274	306,507	740,771	64,249	57.00
58.00	05800	MRI	0	6,983	142,065	940,185	81,544	58.00
59.00	05900	CARDIAC CATHETERIZATION	19,946	154,556	379,315	2,844,517	246,711	59.00
60.00	06000	LABORATORY	114,691	196,773	413,130	6,445,974	559,072	60.00
60.01	06002	BLOOD BANK	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	44,879	19,928	89,077	1,219,763	105,792	65.00
66.00	06600	PHYSICAL THERAPY	149,596	7,768	109,580	2,631,555	228,240	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	314	24,137	499,706	43,341	67.00
68.00	06800	SPEECH PATHOLOGY	9,973	5,098	11,883	405,719	35,189	68.00
69.00	06900	ELECTROCARDIOLOGY	124,664	36,254	166,492	296,827	25,744	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,987	3,042	68,870	513,013	44,495	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	253,932	357,929	5,041,286	437,241	71.00
71.01	07101	PSYCHIATRY/PSYCHOLOGICAL SERVICES	14,960	198	11,369	201,091	17,441	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	31,866	707,039	61,323	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	26,662	544,683	4,112,667	356,700	73.00
75.00	07500	ASC (NON-DISTINCT PART)	24,933	6,884	18,558	886,474	76,886	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PROVIDER BASED CLINICS	1,416,177	84,703	342,386	22,046,186	1,912,114	90.01
91.00	09100	EMERGENCY	124,664	25,471	258,156	4,022,965	348,920	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.00	09900	CMHC	0	0	0	0	0	99.00

COST ALLOCATION - GENERAL SERVICE COSTS				Provider CCN: 140012	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part I Date/Time Prepared: 5/30/2013 1:56 pm			
Cost Center Description			DATA PROCESSING 5.02	PURCHASING RECEIVING AND STORES 5.03	CASHIERING/ACCOUNTS RECEIVABLE 5.04	Subtotal 5A.04	OTHER ADMINISTRATIVE AND GENERAL 5.05		
101.00	10100	HOME HEALTH AGENCY	39,892	2,107	0	813,421	70,550	101.00	
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE						113.00	
116.00	11600	HOSPICE	0	0	0	0	0	116.00	
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,600,286	1,164,814	4,369,371	98,420,194	7,896,830	118.00	
NONREIMBURSABLE COST CENTERS									
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9,973	62	0	279,653	24,255	190.00	
194.00	07950	MEALS ON WHEELS	0	0	0	0	0	194.00	
194.10	07958	I HAP	0	108	0	17,067	1,480	194.10	
200.00		Cross Foot Adjustments				0		200.00	
201.00		Negative Cost Centers	0	0	0	0	0	201.00	
202.00		TOTAL (sum lines 118-201)	3,610,259	1,164,984	4,369,371	98,716,914	7,922,565	202.00	
Cost Center Description			OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	DIETARY 10.00	CAFETERIA 11.00		
GENERAL SERVICE COST CENTERS									
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00	
4.00	00400	EMPLOYEE BENEFITS						4.00	
5.01	00510	NONPATIENT TELEPHONES						5.01	
5.02	00520	DATA PROCESSING						5.02	
5.03	00530	PURCHASING RECEIVING AND STORES						5.03	
5.04	00550	CASHIERING/ACCOUNTS RECEIVABLE						5.04	
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL						5.05	
7.00	00700	OPERATION OF PLANT	5,585,820					7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	4,253	434,265				8.00	
9.00	00900	HOUSEKEEPING	92,075		1,530,233			9.00	
10.00	01000	DIETARY	104,903			11,781	1,416,184	10.00	
11.00	01100	CAFETERIA	84,839			15,708	0	660,549	11.00
13.00	01300	NURSING ADMINISTRATION	53,567			9,818	0	13,240	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	15,906			21,599	0	2,942	14.00
15.00	01500	PHARMACY	56,504			18,981	0	17,654	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	114,348			42,543	0	57,375	16.00
17.00	01700	SOCIAL SERVICE				0	0	0	17.00
17.01	01701	UTILIZATION REVIEW	3,195			1,309	0	4,413	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0			0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	96,539			0	0	17,654	22.00
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	752,576	191,990	337,070	783,206	114,750	30.00	
31.00	03100	INTENSIVE CARE UNIT	82,583	21,358	35,343	62,618	19,125	31.00	
40.00	04000	SUBPROVIDER - IPF	205,577	19,554	45,161	220,485	19,125	40.00	
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00	
43.00	04300	NURSERY	12,429	7,239	8,509	0	4,413	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00	
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	317,693	25,652	109,957	0	42,664	50.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	29,462	3,860	16,363	0	1,471	52.00	
53.00	05300	ANESTHESIOLOGY	1,668	0	0	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	148,227	8,761	47,124	0	23,538	54.00	
54.01	05401	ULTRA SOUND	7,448	3,956	2,618	0	5,885	54.01	
57.00	05700	CT SCAN	13,509	19,179	4,582	0	2,942	57.00	
58.00	05800	MRI	11,301	8,889	3,927	0	4,413	58.00	
59.00	05900	CARDIAC CATHETERIZATION	208,960	13,148	17,017	0	14,712	59.00	
60.00	06000	LABORATORY	125,555	0	39,925	0	41,192	60.00	
60.01	06002	BLOOD BANK	0	0	0	0	0	60.01	
65.00	06500	RESPIRATORY THERAPY	60,921	0	56,942	0	14,712	65.00	
66.00	06600	PHYSICAL THERAPY	210,205	13,945	41,888	0	29,423	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0	13,090	0	5,885	67.00	
68.00	06800	SPEECH PATHOLOGY	41,162	0	6,545	0	4,413	68.00	
69.00	06900	ELECTROCARDIOLOGY	3,289	0	3,273	0	8,827	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	38,343	0	6,545	0	4,413	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00	
71.01	07101	PSYCHIATRY/PSYCHOLOGICAL SERVICES	68,886	0	19,635	0	2,942	71.01	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00	
75.00	07500	ASC (NON-DISTINCT PART)	97,549	27,261	39,270	12,444	13,240	75.00	
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00	
90.00	09000	CLINIC	0	0	0	0	0	90.00	
90.01	09001	PROVIDER BASED CLINICS	2,176,180	15,651	366,521	0	119,166	90.01	
91.00	09100	EMERGENCY	205,154	53,822	174,753	0	33,837	91.00	

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140012	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part I Date/Time Prepared: 5/30/2013 1:56 pm			
Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.00	8.00	9.00	10.00	11.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
	OTHER REIMBURSABLE COST CENTERS						
99.00	09900 CMHC	0	0	0	0	0	99.00
101.00	10100 HOME HEALTH AGENCY	79,294	0	0	0	14,712	101.00
	SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE						113.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	5,524,100	434,265	1,517,797	1,078,753	659,078	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	35,688	0	12,436	0	1,471	190.00
194.00	07950 MEALS ON WHEELS	0	0	0	337,431	0	194.00
194.10	07958 IHAP	26,032	0	0	0	0	194.10
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	5,585,820	434,265	1,530,233	1,416,184	660,549	202.00
Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		13.00	14.00	15.00	16.00	17.00	
	GENERAL SERVICE COST CENTERS						
1.00	00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400 EMPLOYEE BENEFITS						4.00
5.01	00510 NONPATIENT TELEPHONES						5.01
5.02	00520 DATA PROCESSING						5.02
5.03	00530 PURCHASING RECEIVING AND STORES						5.03
5.04	00550 CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05	00560 OTHER ADMINISTRATIVE AND GENERAL						5.05
7.00	00700 OPERATION OF PLANT						7.00
8.00	00800 LAUNDRY & LINEN SERVICE						8.00
9.00	00900 HOUSEKEEPING						9.00
10.00	01000 DIETARY						10.00
11.00	01100 CAFETERIA						11.00
13.00	01300 NURSING ADMINISTRATION	1,288,579					13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	0	-510,483				14.00
15.00	01500 PHARMACY	0	0	1,793,689			15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	0	0	108	3,289,468		16.00
17.00	01700 SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701 UTILIZATION REVIEW	0	0	0	0	0	17.01
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS	613,085	0	8,195	369,096	0	30.00
31.00	03100 INTENSIVE CARE UNIT	125,502	0	2,299	113,644	0	31.00
40.00	04000 SUBPROVIDER - I PF	113,919	0	544	207,116	0	40.00
42.00	04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300 NURSERY	29,718	0	0	26,979	0	43.00
44.00	04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500 NURSING FACILITY	0	0	0	0	0	45.00
	ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	168,415	0	5,437	294,208	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	8,364	0	148	30,255	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	112	45,786	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	18,256	28,773	0	54.00
54.01	05401 ULTRA SOUND	0	0	94	17,144	0	54.01
57.00	05700 CT SCAN	0	0	1,192	130,593	0	57.00
58.00	05800 MRI	0	0	2,476	24,856	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	4,173	315,774	0	59.00
60.00	06000 LABORATORY	0	0	1,366	220,390	0	60.00
60.01	06002 BLOOD BANK	0	0	0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	0	16,720	139,235	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	7,673	19,853	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	3,881	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	1,678	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	89,401	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	20	3,505	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	394,508	0	71.00
71.01	07101 PSYCHIATRY/PSYCHOLOGICAL SERVICES	12,241	0	0	19,412	0	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	40,533	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	630,272	0	73.00
75.00	07500 ASC (NON-DISTINCT PART)	55,634	0	166	0	0	75.00
	OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 140012		Period: From 01/01/2012 To 12/31/2012		Worksheet B Part I Date/Time Prepared: 5/30/2013 1:56 pm		
Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE		
			13.00	14.00	15.00	16.00	17.00		
90.00	09000	CLINIC	0	0	0	0	0		
90.01	09001	PROVIDER BASED CLINICS	0	0	1,715,850	0	0		
91.00	09100	EMERGENCY	161,701	0	8,860	122,576	0		
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS)							92.00
99.00	09900	CMHC	0	0	0	0	0		
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0		
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE							113.00
116.00	11600	HOSPICE	0	0	0	0	0		
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,288,579	0	1,793,689	3,289,468	0		
NONREIMBURSABLE COST CENTERS									
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0		
194.00	07950	MEALS ON WHEELS	0	0	0	0	0		
194.10	07958	IHAP	0	0	0	0	0		
200.00		Cross Foot Adjustments							200.00
201.00		Negative Cost Centers	0	-510,483	0	0	0		
202.00		TOTAL (sum lines 118-201)	1,288,579	-510,483	1,793,689	3,289,468	0		
Cost Center Description			UTILIZATION REVIEW	INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments		
			17.01	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	24.00	25.00		
GENERAL SERVICE COST CENTERS									
1.00	00100	CAP REL COSTS-BLDG & FIXT							1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP							2.00
4.00	00400	EMPLOYEE BENEFITS							4.00
5.01	00510	NONPATIENT TELEPHONES							5.01
5.02	00520	DATA PROCESSING							5.02
5.03	00530	PURCHASING RECEIVING AND STORES							5.03
5.04	00550	CASHIERING/ACCOUNTS RECEIVABLE							5.04
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL							5.05
7.00	00700	OPERATION OF PLANT							7.00
8.00	00800	LAUNDRY & LINEN SERVICE							8.00
9.00	00900	HOUSEKEEPING							9.00
10.00	01000	DIETARY							10.00
11.00	01100	CAFETERIA							11.00
13.00	01300	NURSING ADMINISTRATION							13.00
14.00	01400	CENTRAL SERVICES & SUPPLY							14.00
15.00	01500	PHARMACY							15.00
16.00	01600	MEDICAL RECORDS & LIBRARY							16.00
17.00	01700	SOCIAL SERVICE							17.00
17.01	01701	UTILIZATION REVIEW	353,405					17.01	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	729,232			21.00		
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	1,690,584			22.00	
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	248,709	630,796	1,462,378	14,324,528	-2,093,174	30.00	
31.00	03100	INTENSIVE CARE UNIT	25,725	65,244	151,257	2,615,511	-216,501	31.00	
40.00	04000	SUBPROVIDER - IPF	65,884	0	0	2,678,934	0	40.00	
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00	
43.00	04300	NURSERY	13,087	33,192	76,949	804,286	-110,141	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00	
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	4,937,758	0	50.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	274,578	0	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	206,198	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	4,051,867	0	54.00	
54.01	05401	ULTRA SOUND	0	0	0	755,585	0	54.01	
57.00	05700	CT SCAN	0	0	0	977,017	0	57.00	
58.00	05800	MRI	0	0	0	1,077,591	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	3,665,012	0	59.00	
60.00	06000	LABORATORY	0	0	0	7,433,474	0	60.00	
60.01	06002	BLOOD BANK	0	0	0	0	0	60.01	
65.00	06500	RESPIRATORY THERAPY	0	0	0	1,614,085	0	65.00	
66.00	06600	PHYSICAL THERAPY	0	0	0	3,182,782	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	565,903	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	494,706	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	427,361	0	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	610,334	0	70.00	

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140012	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part I Date/Time Prepared: 5/30/2013 1:56 pm
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Cost Center Description	UTILIZATION REVIEW	INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV			
	17.01	21.00	22.00	24.00	25.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	5,873,035	0	71.00
71.01 07101 PSYCHIATRY/PSYCHOLOGICAL SERVICES	0	0	0	341,648	0	71.01
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	808,895	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	5,099,639	0	73.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	1,208,924	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 PROVIDER BASED CLINICS	0	0	0	28,351,668	0	90.01
91.00 09100 EMERGENCY	0	0	0	5,132,588	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.00 09900 CMHC	0	0	0	0	0	99.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	977,977	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 11800 SUBTOTALS (SUM OF LINES 1-117)	353,405	729,232	1,690,584	98,491,884	-2,419,816	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	353,503	0	190.00
194.00 07950 MEALS ON WHEELS	0	0	0	337,431	0	194.00
194.10 07958 IHAP	0	0	0	44,579	0	194.10
200.00 20000 Cross Foot Adjustments				0	0	200.00
201.00 20100 Negative Cost Centers	0	0	0	-510,483	0	201.00
202.00 20200 TOTAL (sum lines 118-201)	353,405	729,232	1,690,584	98,716,914	-2,419,816	202.00
Cost Center Description		Total				
		26.00				
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS						4.00
5.01 00510 NONPATIENT TELEPHONES						5.01
5.02 00520 DATA PROCESSING						5.02
5.03 00530 PURCHASING RECEIVING AND STORES						5.03
5.04 00550 CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05 00560 OTHER ADMINISTRATIVE AND GENERAL						5.05
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE						17.00
17.01 01701 UTILIZATION REVIEW						17.01
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV						21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV						22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	12,231,354					30.00
31.00 03100 INTENSIVE CARE UNIT	2,399,010					31.00
40.00 04000 SUBPROVIDER - I/PF	2,678,934					40.00
42.00 04200 SUBPROVIDER	0					42.00
43.00 04300 NURSERY	694,145					43.00
44.00 04400 SKILLED NURSING FACILITY	0					44.00
45.00 04500 NURSING FACILITY	0					45.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	4,937,758					50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	274,578					52.00
53.00 05300 ANESTHESIOLOGY	206,198					53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	4,051,867					54.00
54.01 05401 ULTRA SOUND	755,585					54.01
57.00 05700 CT SCAN	977,017					57.00
58.00 05800 MRI	1,077,591					58.00
59.00 05900 CARDIAC CATHETERIZATION	3,665,012					59.00
60.00 06000 LABORATORY	7,433,474					60.00
60.01 06002 BLOOD BANK	0					60.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140012

Period:
From 01/01/2012
To 12/31/2012

Worksheet B
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Cost Center Description			Total	
			26.00	
65.00	06500	RESPIRATORY THERAPY	1,614,085	65.00
66.00	06600	PHYSICAL THERAPY	3,182,782	66.00
67.00	06700	OCCUPATIONAL THERAPY	565,903	67.00
68.00	06800	SPEECH PATHOLOGY	494,706	68.00
69.00	06900	ELECTROCARDIOLOGY	427,361	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	610,334	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	5,873,035	71.00
71.01	07101	PSYCHIATRI CE/PSYCHOLOGI CAL SERVI CES	341,648	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	808,895	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,099,639	73.00
75.00	07500	ASC (NON-DI STIN CT PART)	1,208,924	75.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000	CLINIC	0	90.00
90.01	09001	PROVI DER BASED CLINI CS	28,351,668	90.01
91.00	09100	EMERGENCY	5,132,588	91.00
92.00	09200	OBSERVATI ON BEDS (NON-DI STIN CT PART)		92.00
OTHER REIMBURSABLE COST CENTERS				
99.00	09900	CMHC	0	99.00
101.00	10100	HOME HEALTH AGENCY	977,977	101.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
116.00	11600	HOSPI CE	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	96,072,068	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	353,503	190.00
194.00	07950	MEALS ON WHEELS	337,431	194.00
194.10	07958	IHAP	44,579	194.10
200.00		Cross Foot Adjustments	0	200.00
201.00		Negative Cost Centers	-510,483	201.00
202.00		TOTAL (sum lines 118-201)	96,297,098	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140012

Period:
From 01/01/2012
To 12/31/2012

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		BLDG & FIXT	MVBLE EQUIP			
		0	2.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS	0	39,880	16,254	56,134	56,134 4.00
5.01 00510	NONPATIENT TELEPHONES	0	4,374	0	4,374	204 5.01
5.02 00520	DATA PROCESSING	0	68,424	764,281	832,705	1,306 5.02
5.03 00530	PURCHASING RECEIVING AND STORES	0	106,072	136,428	242,500	346 5.03
5.04 00550	CASHIERING/ACCOUNTS RECEIVABLE	0	107,464	7,023	114,487	1,604 5.04
5.05 00560	OTHER ADMINISTRATIVE AND GENERAL	0	111,151	74,300	185,451	2,735 5.05
7.00 00700	OPERATION OF PLANT	0	1,125,877	47,369	1,173,246	898 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	1,616	0	1,616	27 8.00
9.00 00900	HOUSEKEEPING	0	34,979	2,449	37,428	523 9.00
10.00 01000	DIETARY	0	39,853	3,801	43,654	691 10.00
11.00 01100	CAFETERIA	0	32,230	14,298	46,528	204 11.00
13.00 01300	NURSING ADMINISTRATION	0	20,350	3,821	24,171	810 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	6,043	20,997	27,040	49 14.00
15.00 01500	PHARMACY	0	21,466	195,239	216,705	861 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	43,441	4,776	48,217	1,446 16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	0 17.00
17.01 01701	UTILIZATION REVIEW	0	1,214	0	1,214	197 17.01
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	36,675	7,043	43,718	505 22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	285,905	113,794	399,699	4,643 30.00
31.00 03100	INTENSIVE CARE UNIT	0	31,374	29,818	61,192	1,013 31.00
40.00 04000	SUBPROVIDER - IPF	0	78,099	2,577	80,676	917 40.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	0	4,722	10,040	14,762	320 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
45.00 04500	NURSING FACILITY	0	0	0	0	0 45.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	120,692	385,583	506,275	1,303 50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	11,193	4,717	15,910	77 52.00
53.00 05300	ANESTHESIOLOGY	0	634	46,481	47,115	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	56,312	512,921	569,233	1,046 54.00
54.01 05401	ULTRA SOUND	0	2,829	66,867	69,696	320 54.01
57.00 05700	CT SCAN	0	5,132	12,623	17,755	106 57.00
58.00 05800	MRI	0	4,293	344,821	349,114	161 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	79,384	77,999	157,383	625 59.00
60.00 06000	LABORATORY	0	47,698	115,320	163,018	2,205 60.00
60.01 06002	BLOOD BANK	0	0	0	0	0 60.01
65.00 06500	RESPIRATORY THERAPY	0	23,144	41,732	64,876	596 65.00
66.00 06600	PHYSICAL THERAPY	0	79,857	63,802	143,659	1,346 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	291	291	311 67.00
68.00 06800	SPEECH PATHOLOGY	0	15,638	8,181	23,819	227 68.00
69.00 06900	ELECTROCARDIOLOGY	0	1,250	18,297	19,547	377 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	14,567	18,142	32,709	247 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0 71.00
71.01 07101	PSYCHIATRY/PSYCHOLOGICAL SERVICES	0	26,170	1,930	28,100	93 71.01
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
75.00 07500	ASC (NON-DISTINCT PART)	0	37,059	22,201	59,260	476 75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00 09000	CLINIC	0	0	0	0	0 90.00
90.01 09001	PROVIDER BASED CLINICS	0	826,735	227,835	1,054,570	23,375 90.01
91.00 09100	EMERGENCY	0	77,938	61,753	139,691	3,367 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
OTHER REIMBURSABLE COST CENTERS						
99.00 09900	CMHC	0	0	0	0	0 99.00
101.00 10100	HOME HEALTH AGENCY	0	30,124	6,110	36,234	443 101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE	0	0	0	0	0 113.00
116.00 11600	HOSPICE	0	0	0	0	0 116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	3,661,858	3,491,914	7,153,772	56,000 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	13,558	1,197	14,755	58 190.00
194.00 07950	MEALS ON WHEELS	0	0	0	0	0 194.00
194.10 07958	IHAP	0	9,890	0	9,890	76 194.10

Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	2A	4.00	
200.00	Cross Foot Adjustments				0		200.00
201.00	Negative Cost Centers		0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	3,685,306	3,493,111	7,178,417	56,134	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140012		Period: From 01/01/2012 To 12/31/2012		Worksheet B Part II Date/Time Prepared: 5/30/2013 1:56 pm	
Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	
			5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	NONPATIENT TELEPHONES	4,578					5.01
5.02	00520	DATA PROCESSING	211	834,222				5.02
5.03	00530	PURCHASING RECEIVING AND STORES	66	9,218	252,130			5.03
5.04	00550	CASHIERING/ACCOUNTS RECEIVABLE	169	39,176	1,401	156,837		5.04
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL	314	53,003	2,545	0	244,048	5.05
7.00	00700	OPERATION OF PLANT	109	10,370	14,728	0	13,734	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	1,057	8.00
9.00	00900	HOUSEKEEPING	18	0	2,439	0	3,536	9.00
10.00	01000	DIETARY	72	6,913	178	0	3,195	10.00
11.00	01100	CAFETERIA	12	0	671	0	1,377	11.00
13.00	01300	NURSING ADMINISTRATION	109	20,740	125	0	2,980	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	12	2,304	0	0	0	14.00
15.00	01500	PHARMACY	97	12,675	406	0	4,181	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	181	54,155	4,931	0	7,561	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	UTILIZATION REVIEW	18	4,609	0	0	847	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	1,793	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	139	11,522	1,418	0	3,876	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	362	41,481	6,915	7,946	21,668	30.00
31.00	03100	INTENSIVE CARE UNIT	103	5,761	1,804	2,166	4,698	31.00
40.00	04000	SUBPROVIDER - I/PF	109	8,066	422	3,797	4,380	40.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	12	0	644	494	1,455	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	230	35,719	18,275	14,969	9,770	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6	0	337	626	454	52.00
53.00	05300	ANESTHESIOLOGY	0	0	1,483	1,964	390	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	109	32,263	10,422	5,007	9,287	54.00
54.01	05401	ULTRA SOUND	24	0	729	2,269	1,766	54.01
57.00	05700	CT SCAN	12	1,152	2,440	11,000	1,979	57.00
58.00	05800	MRI	12	0	1,511	5,098	2,512	58.00
59.00	05900	CARDIAC CATHETERIZATION	115	4,609	33,449	13,612	7,601	59.00
60.00	06000	LABORATORY	145	26,502	42,586	14,826	17,224	60.00
60.01	06002	BLOOD BANK	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	115	10,370	4,313	3,197	3,259	65.00
66.00	06600	PHYSICAL THERAPY	79	34,567	1,681	3,932	7,032	66.00
67.00	06700	OCCUPATIONAL THERAPY	18	0	68	866	1,335	67.00
68.00	06800	SPEECH PATHOLOGY	36	2,304	1,103	426	1,084	68.00
69.00	06900	ELECTROCARDIOLOGY	12	28,806	7,846	5,975	793	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	12	1,152	658	2,472	1,371	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	54,962	12,845	13,470	71.00
71.01	07101	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	36	3,457	43	408	537	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,144	1,889	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	5,770	19,581	10,989	73.00
75.00	07500	ASC (NON-DISTINCT PART)	66	5,761	1,490	666	2,369	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PROVIDER BASED CLINICS	1,185	327,239	18,332	12,287	58,884	90.01
91.00	09100	EMERGENCY	193	28,806	5,512	9,264	10,749	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
99.00	09900	CMHC	0	0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	48	9,218	456	0	2,173	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	4,566	831,918	252,093	156,837	243,255	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	12	2,304	14	0	747	190.00
194.00	07950	MEALS ON WHEELS	0	0	0	0	0	194.00
194.10	07958	IHAP	0	0	23	0	46	194.10
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	4,578	834,222	252,130	156,837	244,048	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140012	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part II Date/Time Prepared: 5/30/2013 1:56 pm				
Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA		
		7.00	8.00	9.00	10.00	11.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS					4.00	
5.01	00510	NONPATIENT TELEPHONES					5.01	
5.02	00520	DATA PROCESSING					5.02	
5.03	00530	PURCHASING RECEIVING AND STORES					5.03	
5.04	00550	CASHIERING/ACCOUNTS RECEIVABLE					5.04	
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL					5.05	
7.00	00700	OPERATION OF PLANT	1,213,085				7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	924	3,624			8.00	
9.00	00900	HOUSEKEEPING	19,996	0	63,940		9.00	
10.00	01000	DIETARY	22,782	0	492	77,977	10.00	
11.00	01100	CAFETERIA	18,425	0	656	0	67,873	11.00
13.00	01300	NURSING ADMINISTRATION	11,633	0	410	0	1,360	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,454	0	902	0	302	14.00
15.00	01500	PHARMACY	12,271	0	793	0	1,814	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	24,833	0	1,778	0	5,895	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	UTILIZATION REVIEW	694	0	55	0	453	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	20,966	0	0	0	1,814	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	163,439	1,603	14,084	43,125	11,791	30.00
31.00	03100	INTENSIVE CARE UNIT	17,935	178	1,477	3,448	1,965	31.00
40.00	04000	SUBPROVIDER - IPF	44,646	163	1,887	12,140	1,965	40.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	2,699	60	356	0	453	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	68,994	214	4,594	0	4,384	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,398	32	684	0	151	52.00
53.00	05300	ANESTHESIOLOGY	362	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	32,191	73	1,969	0	2,419	54.00
54.01	05401	ULTRA SOUND	1,617	33	109	0	605	54.01
57.00	05700	CT SCAN	2,934	160	191	0	302	57.00
58.00	05800	MRI	2,454	74	164	0	453	58.00
59.00	05900	CARDIAC CATHETERIZATION	45,380	110	711	0	1,512	59.00
60.00	06000	LABORATORY	27,267	0	1,668	0	4,233	60.00
60.01	06002	BLOOD BANK	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	13,230	0	2,379	0	1,512	65.00
66.00	06600	PHYSICAL THERAPY	45,651	116	1,750	0	3,023	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	547	0	605	67.00
68.00	06800	SPEECH PATHOLOGY	8,939	0	273	0	453	68.00
69.00	06900	ELECTROCARDIOLOGY	714	0	137	0	907	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	8,327	0	273	0	453	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
71.01	07101	PSYCHIATRY/PSYCHOLOGICAL SERVICES	14,960	0	820	0	302	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	21,185	228	1,641	685	1,360	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PROVIDER BASED CLINICS	472,608	131	15,318	0	12,247	90.01
91.00	09100	EMERGENCY	44,554	449	7,302	0	3,477	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.00	09900	CMHC	0	0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	17,220	0	0	0	1,512	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,199,682	3,624	63,420	59,398	67,722	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	7,750	0	520	0	151	190.00
194.00	07950	MEALS ON WHEELS	0	0	0	18,579	0	194.00
194.10	07958	IHAP	5,653	0	0	0	0	194.10
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,213,085	3,624	63,940	77,977	67,873	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140012	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part II Date/Time Prepared: 5/30/2013 1:56 pm				
Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE		
		13.00	14.00	15.00	16.00	17.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00		
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00		
4.00	00400	EMPLOYEE BENEFITS				4.00		
5.01	00510	NONPATIENT TELEPHONES				5.01		
5.02	00520	DATA PROCESSING				5.02		
5.03	00530	PURCHASING RECEIVING AND STORES				5.03		
5.04	00550	CASHIERING/ACCOUNTS RECEIVABLE				5.04		
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL				5.05		
7.00	00700	OPERATION OF PLANT				7.00		
8.00	00800	LAUNDRY & LINEN SERVICE				8.00		
9.00	00900	HOUSEKEEPING				9.00		
10.00	01000	DIETARY				10.00		
11.00	01100	CAFETERIA				11.00		
13.00	01300	NURSING ADMINISTRATION	62,338			13.00		
14.00	01400	CENTRAL SERVICES & SUPPLY	0	34,063		14.00		
15.00	01500	PHARMACY	0	0	249,803	15.00		
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	15	149,012	16.00	
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00	
17.01	01701	UTILIZATION REVIEW	0	0	0	0	17.01	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	29,660	0	1,141	16,724	0	30.00
31.00	03100	INTENSIVE CARE UNIT	6,071	0	320	5,149	0	31.00
40.00	04000	SUBPROVIDER - IPF	5,511	0	76	9,384	0	40.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	1,438	0	0	1,222	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	8,147	0	757	13,331	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	405	0	21	1,371	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	16	2,075	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	2,542	1,304	0	54.00
54.01	05401	ULTRA SOUND	0	0	13	777	0	54.01
57.00	05700	CT SCAN	0	0	166	5,917	0	57.00
58.00	05800	MRI	0	0	345	1,126	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	581	14,308	0	59.00
60.00	06000	LABORATORY	0	0	190	9,986	0	60.00
60.01	06002	BLOOD BANK	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	2,329	6,309	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	1,069	900	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	176	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	76	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	4,051	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	3	159	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	17,875	0	71.00
71.01	07101	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	592	0	0	880	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,837	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	28,521	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	2,691	0	23	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PROVIDER BASED CLINICS	0	0	238,962	0	0	90.01
91.00	09100	EMERGENCY	7,823	0	1,234	5,554	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.00	09900	CMHC	0	0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	62,338	0	249,803	149,012	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	MEALS ON WHEELS	0	0	0	0	0	194.00
194.10	07958	IHAP	0	0	0	0	0	194.10
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	34,063	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	62,338	34,063	249,803	149,012	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140012

Period:
From 01/01/2012
To 12/31/2012

Worksheet B
Part II
Date/Time Prepared:
5/30/2013 1:56 pm

Cost Center Description	UTILIZATION REVIEW	INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV			
	17.01	21.00	22.00	24.00	25.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS					4.00
5.01 00510	NONPATIENT TELEPHONES					5.01
5.02 00520	DATA PROCESSING					5.02
5.03 00530	PURCHASING RECEIVING AND STORES					5.03
5.04 00550	CASHIERING/ACCOUNTS RECEIVABLE					5.04
5.05 00560	OTHER ADMINISTRATIVE AND GENERAL					5.05
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE					17.00
17.01 01701	UTILIZATION REVIEW	8,087				17.01
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	1,793			21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0		83,958		22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	5,691		769,972	0	30.00
31.00 03100	INTENSIVE CARE UNIT	589		113,869	0	31.00
40.00 04000	SUBPROVIDER - IPF	1,508		175,647	0	40.00
42.00 04200	SUBPROVIDER	0		0	0	42.00
43.00 04300	NURSERY	299		24,214	0	43.00
44.00 04400	SKILLED NURSING FACILITY	0		0	0	44.00
45.00 04500	NURSING FACILITY	0		0	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0		686,962	0	50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0		26,472	0	52.00
53.00 05300	ANESTHESIOLOGY	0		53,405	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0		667,865	0	54.00
54.01 05401	ULTRA SOUND	0		77,958	0	54.01
57.00 05700	CT SCAN	0		44,114	0	57.00
58.00 05800	MRI	0		363,024	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0		279,996	0	59.00
60.00 06000	LABORATORY	0		309,850	0	60.00
60.01 06002	BLOOD BANK	0		0	0	60.01
65.00 06500	RESPIRATORY THERAPY	0		112,485	0	65.00
66.00 06600	PHYSICAL THERAPY	0		244,805	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	0		4,217	0	67.00
68.00 06800	SPEECH PATHOLOGY	0		38,740	0	68.00
69.00 06900	ELECTROCARDIOLOGY	0		69,165	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0		47,836	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0		99,152	0	71.00
71.01 07101	PSYCHIATRY/PSYCHOLOGICAL SERVICES	0		50,228	0	71.01
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0		4,870	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0		64,861	0	73.00
75.00 07500	ASC (NON-DISTINCT PART)	0		97,901	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0		0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	89.00
90.00 09000	CLINIC	0		0	0	90.00
90.01 09001	PROVIDER BASED CLINICS	0		2,235,138	0	90.01
91.00 09100	EMERGENCY	0		267,975	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0		0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.00 09900	CMHC	0		0	0	99.00
101.00 10100	HOME HEALTH AGENCY	0		67,304	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE	0		0	0	113.00
116.00 11600	HOSPICE	0		0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	8,087	0	6,998,025	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0		26,311	0	190.00
194.00 07950	MEALS ON WHEELS	0		18,579	0	194.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140012

Period:
From 01/01/2012
To 12/31/2012

Worksheet B
Part II
Date/Time Prepared:
5/30/2013 1:56 pm

Cost Center Description	UTILIZATION REVIEW	INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments
		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
	17.01	21.00	22.00	24.00	25.00
194.10 07958 IHAP	0			15,688	0
200.00 Cross Foot Adjustments		1,793	83,958	85,751	0
201.00 Negative Cost Centers	0	0	0	34,063	0
202.00 TOTAL (sum lines 118-201)	8,087	1,793	83,958	7,178,417	0

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140012	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part II Date/Time Prepared: 5/30/2013 1:56 pm
Cost Center Description		Total		
		26.00		
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS		4.00
5.01	00510	NONPATIENT TELEPHONES		5.01
5.02	00520	DATA PROCESSING		5.02
5.03	00530	PURCHASING RECEIVING AND STORES		5.03
5.04	00550	CASHIERING/ACCOUNTS RECEIVABLE		5.04
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL		5.05
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
17.01	01701	UTILIZATION REVIEW		17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	769,972	30.00
31.00	03100	INTENSIVE CARE UNIT	113,869	31.00
40.00	04000	SUBPROVIDER - IPF	175,647	40.00
42.00	04200	SUBPROVIDER	0	42.00
43.00	04300	NURSERY	24,214	43.00
44.00	04400	SKILLED NURSING FACILITY	0	44.00
45.00	04500	NURSING FACILITY	0	45.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	686,962	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	26,472	52.00
53.00	05300	ANESTHESIOLOGY	53,405	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	667,865	54.00
54.01	05401	ULTRA SOUND	77,958	54.01
57.00	05700	CT SCAN	44,114	57.00
58.00	05800	MRI	363,024	58.00
59.00	05900	CARDIAC CATHETERIZATION	279,996	59.00
60.00	06000	LABORATORY	309,850	60.00
60.01	06002	BLOOD BANK	0	60.01
65.00	06500	RESPIRATORY THERAPY	112,485	65.00
66.00	06600	PHYSICAL THERAPY	244,805	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,217	67.00
68.00	06800	SPEECH PATHOLOGY	38,740	68.00
69.00	06900	ELECTROCARDIOLOGY	69,165	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	47,836	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	99,152	71.00
71.01	07101	PSYCHIATRY/PSYCHOLOGICAL SERVICES	50,228	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,870	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	64,861	73.00
75.00	07500	ASC (NON-DISTINCT PART)	97,901	75.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000	CLINIC	0	90.00
90.01	09001	PROVIDER BASED CLINICS	2,235,138	90.01
91.00	09100	EMERGENCY	267,975	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
OTHER REIMBURSABLE COST CENTERS				
99.00	09900	CMHC	0	99.00
101.00	10100	HOME HEALTH AGENCY	67,304	101.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
116.00	11600	HOSPICE	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	6,998,025	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	26,311	190.00
194.00	07950	MEALS ON WHEELS	18,579	194.00
194.10	07958	IHAP	15,688	194.10
200.00		Cross Foot Adjustments	85,751	200.00
201.00		Negative Cost Centers	34,063	201.00
202.00		TOTAL (sum lines 118-201)	7,178,417	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140012

Period:
From 01/01/2012
To 12/31/2012

Worksheet B-1

Date/Time Prepared:
5/30/2013 1:56 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (TELEPHONES)	DATA PROCESSING (NUMBER OF MACHINES)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	412,891				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		3,420,633			2.00
4.00 00400	EMPLOYEE BENEFITS	4,468	15,917	59,959,733		4.00
5.01 00510	NONPATIENT TELEPHONES	490	0	218,369	758	5.01
5.02 00520	DATA PROCESSING	7,666	748,422	1,395,382	35	724 5.02
5.03 00530	PURCHASING RECEIVING AND STORES	11,884	133,597	369,875	11	8 5.03
5.04 00550	CASHIERING/ACCOUNTS RECEIVABLE	12,040	6,877	1,713,659	28	34 5.04
5.05 00560	OTHER ADMINISTRATIVE AND GENERAL	12,453	72,758	2,922,525	52	46 5.05
7.00 00700	OPERATION OF PLANT	126,140	46,386	959,052	18	9 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	181	0	29,079	0	0 8.00
9.00 00900	HOUSEKEEPING	3,919	2,398	558,642	3	0 9.00
10.00 01000	DIETARY	4,465	3,722	738,102	12	6 10.00
11.00 01100	CAFETERIA	3,611	14,001	218,219	2	0 11.00
13.00 01300	NURSING ADMINISTRATION	2,280	3,742	865,270	18	18 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	677	20,561	52,229	2	2 14.00
15.00 01500	PHARMACY	2,405	191,188	920,116	16	11 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	4,867	4,677	1,544,355	30	47 16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	0 17.00
17.01 01701	UTILIZATION REVIEW	136	0	210,496	3	4 17.01
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	4,109	6,897	539,706	23	10 22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	32,032	111,433	4,959,998	60	36 30.00
31.00 03100	INTENSIVE CARE UNIT	3,515	29,199	1,081,789	17	5 31.00
40.00 04000	SUBPROVIDER - IPF	8,750	2,524	979,688	18	7 40.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	529	9,832	341,979	2	0 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
45.00 04500	NURSING FACILITY	0	0	0	0	0 45.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	13,522	377,583	1,391,773	38	31 50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,254	4,619	82,230	1	0 52.00
53.00 05300	ANESTHESIOLOGY	71	45,517	0	0	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	6,309	502,279	1,117,444	18	28 54.00
54.01 05401	ULTRA SOUND	317	65,480	341,658	4	0 54.01
57.00 05700	CT SCAN	575	12,361	113,259	2	1 57.00
58.00 05800	MRI	481	337,667	172,128	2	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	8,894	76,381	667,989	19	4 59.00
60.00 06000	LABORATORY	5,344	112,927	2,355,348	24	23 60.00
60.01 06002	BLOOD BANK	0	0	0	0	0 60.01
65.00 06500	RESPIRATORY THERAPY	2,593	40,866	637,004	19	9 65.00
66.00 06600	PHYSICAL THERAPY	8,947	62,478	1,438,435	13	30 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	285	331,880	3	0 67.00
68.00 06800	SPEECH PATHOLOGY	1,752	8,011	242,792	6	2 68.00
69.00 06900	ELECTROCARDIOLOGY	140	17,917	402,730	2	25 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	1,632	17,766	264,381	2	1 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0 71.00
71.01 07101	PSYCHIATRY/PSYCHOLOGICAL SERVICES	2,932	1,890	99,847	6	3 71.01
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
75.00 07500	ASC (NON-DISTINCT PART)	4,152	21,740	509,039	11	5 75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00 09000	CLINIC	0	0	0	0	0 90.00
90.01 09001	PROVIDER BASED CLINICS	92,625	223,108	24,960,591	196	284 90.01
91.00 09100	EMERGENCY	8,732	60,472	3,597,597	32	25 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS						
99.00 09900	CMHC	0	0	0	0	0 99.00
101.00 10100	HOME HEALTH AGENCY	3,375	5,983	472,935	8	8 101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
116.00 11600	HOSPICE	0	0	0	0	0 116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	410,264	3,419,461	59,817,590	756	722 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,519	1,172	61,443	2	2 190.00
194.00 07950	MEALS ON WHEELS	0	0	0	0	0 194.00
194.10 07958	I HAP	1,108	0	80,700	0	0 194.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140012

Period:
From 01/01/2012
To 12/31/2012

Worksheet B-1

Date/Time Prepared:
5/30/2013 1:56 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (TELEPHONES)	DATA PROCESSING (NUMBER OF MACHINES)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
200.00						200.00
201.00						201.00
202.00						202.00
203.00						203.00
204.00						204.00
205.00						205.00
Cross Foot Adjustments						
Negative Cost Centers						
Cost to be allocated (per Wkst. B, Part I)	3,685,306	3,493,111	18,894,852	782,776	3,610,259	
Unit cost multiplier (Wkst. B, Part I)	8.925615	1.021188	0.315126	1,032.686016	4,986.545580	
Cost to be allocated (per Wkst. B, Part II)			56,134	4,578	834,222	
Unit cost multiplier (Wkst. B, Part II)			0.000936	6.039578	1,152.240331	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140012

Period:
From 01/01/2012
To 12/31/2012

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		PURCHASING RECEIVING AND STORES (COST OF SUPPLIES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
		5.03	5.04	5A.05	5.05	7.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00510						5.01
5.02	00520						5.02
5.03	00530	9,474,178					5.03
5.04	00550	52,639	335,049,253				5.04
5.05	00560	95,646	0	-7,922,565	91,345,279		5.05
7.00	00700	553,450	0	0	5,140,016	237,750	7.00
8.00	00800	0	0	0	395,693	181	8.00
9.00	00900	91,662	0	0	1,323,379	3,919	9.00
10.00	01000	6,706	0	0	1,195,787	4,465	10.00
11.00	01100	25,227	0	0	515,308	3,611	11.00
13.00	01300	4,707	0	0	1,115,228	2,280	13.00
14.00	01400	0	0	550,930	0	677	14.00
15.00	01500	15,243	0	0	1,564,829	2,405	15.00
16.00	01600	185,280	0	0	2,829,671	4,867	16.00
17.00	01700	0	0	0	0	0	17.00
17.01	01701	0	0	0	316,994	136	17.01
21.00	02100	0	0	0	671,032	0	21.00
22.00	02200	53,273	0	0	1,450,579	4,109	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	259,849	16,977,816	0	8,109,338	32,032	30.00
31.00	03100	67,807	4,628,238	0	1,758,311	3,515	31.00
40.00	04000	15,850	8,112,480	0	1,639,382	8,750	40.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	24,182	1,056,536	0	544,542	529	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	686,723	31,985,703	0	3,656,589	13,522	50.00
52.00	05200	12,676	1,337,361	0	169,918	1,254	52.00
53.00	05300	55,721	4,196,025	0	145,972	71	53.00
54.00	05400	391,643	10,697,960	0	3,475,731	6,309	54.00
54.01	05401	27,407	4,848,632	0	661,101	317	54.01
57.00	05700	91,688	23,503,320	0	740,771	575	57.00
58.00	05800	56,790	10,893,685	0	940,185	481	58.00
59.00	05900	1,256,920	29,086,332	0	2,844,517	8,894	59.00
60.00	06000	1,600,249	31,679,344	0	6,445,974	5,344	60.00
60.01	06002	0	0	0	0	0	60.01
65.00	06500	162,066	6,830,563	0	1,219,763	2,593	65.00
66.00	06600	63,177	8,402,757	0	2,631,555	8,947	66.00
67.00	06700	2,552	1,850,843	0	499,706	0	67.00
68.00	06800	41,462	911,223	0	405,719	1,752	68.00
69.00	06900	294,833	12,766,844	0	296,827	140	69.00
70.00	07000	24,736	5,281,048	0	513,013	1,632	70.00
71.00	07100	2,065,085	27,446,408	0	5,041,286	0	71.00
71.01	07101	1,607	871,788	0	201,091	2,932	71.01
72.00	07200	0	2,443,534	0	707,039	0	72.00
73.00	07300	216,831	41,767,460	0	4,112,667	0	73.00
75.00	07500	55,982	1,423,013	0	886,474	4,152	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	0	0	0	0	90.00
90.01	09001	688,846	26,254,590	0	22,046,186	92,625	90.01
91.00	09100	207,140	19,795,750	0	4,022,965	8,732	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900	0	0	0	0	0	99.00
101.00	10100	17,139	0	0	813,421	3,375	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
116.00	11600	0	0	0	0	0	116.00
118.00		9,472,794	335,049,253	-7,371,635	91,048,559	235,123	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	508	0	0	279,653	1,519	190.00
194.00	07950	0	0	0	0	0	194.00
194.10	07958	876	0	0	17,067	1,108	194.10
200.00							200.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140012

Period:
From 01/01/2012
To 12/31/2012

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		PURCHASING RECEIVING AND STORES (COST OF SUPPLIES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
		5.03	5.04	5A.05	5.05	7.00	
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	1,164,984	4,369,371		7,922,565	5,585,820	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.122964	0.013041		0.086732	23.494511	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	252,130	156,837		244,048	1,213,085	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.026612	0.000468		0.002672	5.102355	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140012

Period: From 01/01/2012 To 12/31/2012

Worksheet B-1

Date/Time Prepared: 5/30/2013 1:56 pm

Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (HOURS OF SERVICE)	
		8.00	9.00	10.00	11.00	13.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00510						5.01
5.02	00520						5.02
5.03	00530						5.03
5.04	00550						5.04
5.05	00560						5.05
7.00	00700						7.00
8.00	00800	403,622					8.00
9.00	00900	0	2,338				9.00
10.00	01000	0	18	67,487			10.00
11.00	01100	0	24	0	449		11.00
13.00	01300	0	15	0	9	397,481	13.00
14.00	01400	0	33	0	2	0	14.00
15.00	01500	0	29	0	12	0	15.00
16.00	01600	0	65	0	39	0	16.00
17.00	01700	0	0	0	0	0	17.00
17.01	01701	0	2	0	3	0	17.01
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	12	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	178,442	515	37,323	78	189,115	30.00
31.00	03100	19,851	54	2,984	13	38,713	31.00
40.00	04000	18,174	69	10,507	13	35,140	40.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	6,728	13	0	3	9,167	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	23,842	168	0	29	51,950	50.00
52.00	05200	3,588	25	0	1	2,580	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	8,143	72	0	16	0	54.00
54.01	05401	3,677	4	0	4	0	54.01
57.00	05700	17,826	7	0	2	0	57.00
58.00	05800	8,262	6	0	3	0	58.00
59.00	05900	12,220	26	0	10	0	59.00
60.00	06000	0	61	0	28	0	60.00
60.01	06002	0	0	0	0	0	60.01
65.00	06500	0	87	0	10	0	65.00
66.00	06600	12,961	64	0	20	0	66.00
67.00	06700	0	20	0	4	0	67.00
68.00	06800	0	10	0	3	0	68.00
69.00	06900	0	5	0	6	0	69.00
70.00	07000	0	10	0	3	0	70.00
71.00	07100	0	0	0	0	0	71.00
71.01	07101	0	30	0	2	3,776	71.01
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
75.00	07500	25,337	60	593	9	17,161	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	0	0	0	0	90.00
90.01	09001	14,547	560	0	81	0	90.01
91.00	09100	50,024	267	0	23	49,879	91.00
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900	0	0	0	0	0	99.00
101.00	10100	0	0	0	10	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	0	0	0	0	0	113.00
116.00	11600	0	0	0	0	0	116.00
118.00		403,622	2,319	51,407	448	397,481	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	19	0	1	0	190.00
194.00	07950	0	0	16,080	0	0	194.00
194.10	07958	0	0	0	0	0	194.10
200.00							200.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140012

Period:
From 01/01/2012
To 12/31/2012

Worksheet B-1

Date/Time Prepared:
5/30/2013 1:56 pm

Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (HOURS OF SERVICE)	
		8.00	9.00	10.00	11.00	13.00	
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	434,265	1,530,233	1,416,184	660,549	1,288,579	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	1.075920	654.505133	20.984545	1,471.155902	3.241863	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	3,624	63,940	77,977	67,873	62,338	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.008979	27.348161	1.155437	151.164811	0.156833	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140012

Period:
From 01/01/2012
To 12/31/2012

Worksheet B-1
Date/Time Prepared:
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Cost Center Description		CENTRAL SERVICES & SUPPLY (COSTED REQUISITIONS)	PHARMACY (COSTED REQUISITIONS)	MEDICAL RECORDS & LIBRARY (I/P GROSS CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	UTILIZATION REVIEW (PATIENT DAYS)	
		14.00	15.00	16.00	17.00	17.01	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00510						5.01
5.02	00520						5.02
5.03	00530						5.03
5.04	00550						5.04
5.05	00560						5.05
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300						13.00
14.00	01400	1,000					14.00
15.00	01500	0	996,277				15.00
16.00	01600	0	60	128,822,712			16.00
17.00	01700	0	0	0	18,093		17.00
17.01	01701	0	0	0	0	18,093	17.01
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	4,552	14,454,510	12,733	12,733	30.00
31.00	03100	0	1,277	4,450,511	1,317	1,317	31.00
40.00	04000	0	302	8,111,050	3,373	3,373	40.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	0	1,056,536	670	670	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	3,020	11,521,754	0	0	50.00
52.00	05200	0	82	1,184,852	0	0	52.00
53.00	05300	0	62	1,793,052	0	0	53.00
54.00	05400	0	10,140	1,126,812	0	0	54.00
54.01	05401	0	52	671,393	0	0	54.01
57.00	05700	0	662	5,114,278	0	0	57.00
58.00	05800	0	1,375	973,425	0	0	58.00
59.00	05900	0	2,318	12,366,324	0	0	59.00
60.00	06000	0	759	8,630,892	0	0	60.00
60.01	06002	0	0	0	0	0	60.01
65.00	06500	0	9,287	5,452,717	0	0	65.00
66.00	06600	0	4,262	777,500	0	0	66.00
67.00	06700	0	0	151,970	0	0	67.00
68.00	06800	0	0	65,698	0	0	68.00
69.00	06900	0	0	3,501,124	0	0	69.00
70.00	07000	0	11	137,247	0	0	70.00
71.00	07100	1,000	0	15,449,688	0	0	71.00
71.01	07101	0	0	760,203	0	0	71.01
72.00	07200	0	0	1,587,335	0	0	72.00
73.00	07300	0	0	24,683,531	0	0	73.00
75.00	07500	0	92	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	0	0	0	0	90.00
90.01	09001	0	953,043	0	0	0	90.01
91.00	09100	0	4,921	4,800,310	0	0	91.00
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900	0	0	0	0	0	99.00
101.00	10100	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	0	0	0	0	0	113.00
116.00	11600	0	0	0	0	0	116.00
118.00		1,000	996,277	128,822,712	18,093	18,093	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
194.00	07950	0	0	0	0	0	194.00
194.10	07958	0	0	0	0	0	194.10
200.00							200.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140012

Period:
From 01/01/2012
To 12/31/2012

Worksheet B-1

Date/Time Prepared:
5/30/2013 1:56 pm

Cost Center Description		CENTRAL SERVICES & SUPPLY (COSTED REQUIREMENTS)	PHARMACY (COSTED REQUIREMENTS)	MEDICAL RECORDS & LIBRARY (I/P GROSS CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	UTILIZATION REVIEW (PATIENT DAYS)	
		14.00	15.00	16.00	17.00	17.01	
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	-510,483	1,793,689	3,289,468	0	353,405	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	1.800392	0.025535	0.000000	19.532692	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	34,063	249,803	149,012	0	8,087	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	34.063000	0.250736	0.001157	0.000000	0.446968	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140012

Period:
From 01/01/2012
To 12/31/2012

Worksheet B-1
Date/Time Prepared:
5/30/2013 1:56 pm

Cost Center Description	INTERNS & RESIDENTS			
	SERVICES-SALARY & FRINGES APPRV (PATIENT DAYS)	SERVICES-OTHER PRGM COSTS APPRV (PATIENT DAYS)		
	21.00	22.00		
GENERAL SERVICE COST CENTERS				
1.00 00100	CAP REL COSTS-BLDG & FIXT			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00 00400	EMPLOYEE BENEFITS			4.00
5.01 00510	NONPATIENT TELEPHONES			5.01
5.02 00520	DATA PROCESSING			5.02
5.03 00530	PURCHASING RECEIVING AND STORES			5.03
5.04 00550	CASHIERING/ACCOUNTS RECEIVABLE			5.04
5.05 00560	OTHER ADMINISTRATIVE AND GENERAL			5.05
7.00 00700	OPERATION OF PLANT			7.00
8.00 00800	LAUNDRY & LINEN SERVICE			8.00
9.00 00900	HOUSEKEEPING			9.00
10.00 01000	DIETARY			10.00
11.00 01100	CAFETERIA			11.00
13.00 01300	NURSING ADMINISTRATION			13.00
14.00 01400	CENTRAL SERVICES & SUPPLY			14.00
15.00 01500	PHARMACY			15.00
16.00 01600	MEDICAL RECORDS & LIBRARY			16.00
17.00 01700	SOCIAL SERVICE			17.00
17.01 01701	UTILIZATION REVIEW			17.01
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	14,720		21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV		14,720	22.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00 03000	ADULTS & PEDIATRICS	12,733	12,733	30.00
31.00 03100	INTENSIVE CARE UNIT	1,317	1,317	31.00
40.00 04000	SUBPROVIDER - I PF	0	0	40.00
42.00 04200	SUBPROVIDER	0	0	42.00
43.00 04300	NURSERY	670	670	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	44.00
45.00 04500	NURSING FACILITY	0	0	45.00
ANCILLARY SERVICE COST CENTERS				
50.00 05000	OPERATING ROOM	0	0	50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300	ANESTHESIOLOGY	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01 05401	ULTRA SOUND	0	0	54.01
57.00 05700	CT SCAN	0	0	57.00
58.00 05800	MRI	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000	LABORATORY	0	0	60.00
60.01 06002	BLOOD BANK	0	0	60.01
65.00 06500	RESPIRATORY THERAPY	0	0	65.00
66.00 06600	PHYSICAL THERAPY	0	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
71.01 07101	PSYCHIATRY/PSYCHOLOGICAL SERVICES	0	0	71.01
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	75.00
OUTPATIENT SERVICE COST CENTERS				
88.00 08800	RURAL HEALTH CLINIC	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00 09000	CLINIC	0	0	90.00
90.01 09001	PROVIDER BASED CLINICS	0	0	90.01
91.00 09100	EMERGENCY	0	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
99.00 09900	CMHC	0	0	99.00
101.00 10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS				
113.00 11300	INTEREST EXPENSE			113.00
116.00 11600	HOSPICE	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	14,720	14,720	118.00
NONREIMBURSABLE COST CENTERS				
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
194.00 07950	MEALS ON WHEELS	0	0	194.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140012

Period:
From 01/01/2012
To 12/31/2012

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	INTERNS & RESIDENTS			
	SERVICES-SALARY & FRINGES APPRV (PATIENT DAYS)	SERVICES-OTHER PRGM COSTS APPRV (PATIENT DAYS)		
	21.00	22.00		
194.10 07958 IHAP	0	0		194.10
200.00 Cross Foot Adjustments				200.00
201.00 Negative Cost Centers				201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	729,232	1,690,584		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	49.540217	114.849457		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	1,793	83,958		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.121807	5.703668		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140012

Period:
From 01/01/2012
To 12/31/2012

Worksheet C
Part I
Date/Time Prepared:
5/30/2013 1:56 pm

			Title XVIII		Hospital		PPS		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			Charges			
			Total Costs	RCE Disallowance	Total Costs	Inpatient			
			1.00	2.00	3.00	4.00	5.00	6.00	
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	12,231,354		12,231,354	0	12,231,354	16,977,816	30.00
31.00	03100	INTENSIVE CARE UNIT	2,399,010		2,399,010	0	2,399,010	4,628,238	31.00
40.00	04000	SUBPROVIDER - I/PF	2,678,934		2,678,934	0	2,678,934	8,112,480	40.00
42.00	04200	SUBPROVIDER	0		0	0	0	0	42.00
43.00	04300	NURSERY	694,145		694,145	0	694,145	1,056,536	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0		0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	4,937,758		4,937,758	0	4,937,758	11,521,754	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	274,578		274,578	0	274,578	1,184,852	52.00
53.00	05300	ANESTHESIOLOGY	206,198		206,198	0	206,198	1,793,052	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,051,867		4,051,867	0	4,051,867	1,126,812	54.00
54.01	05401	ULTRA SOUND	755,585		755,585	0	755,585	671,393	54.01
57.00	05700	CT SCAN	977,017		977,017	0	977,017	5,114,278	57.00
58.00	05800	MRI	1,077,591		1,077,591	0	1,077,591	973,425	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,665,012		3,665,012	0	3,665,012	12,366,324	59.00
60.00	06000	LABORATORY	7,433,474		7,433,474	91,293	7,524,767	8,630,892	60.00
60.01	06002	BLOOD BANK	0		0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	1,614,085	0	1,614,085	0	1,614,085	5,452,717	65.00
66.00	06600	PHYSICAL THERAPY	3,182,782	0	3,182,782	0	3,182,782	777,500	66.00
67.00	06700	OCCUPATIONAL THERAPY	565,903	0	565,903	0	565,903	151,970	67.00
68.00	06800	SPEECH PATHOLOGY	494,706	0	494,706	0	494,706	65,698	68.00
69.00	06900	ELECTROCARDIOLOGY	427,361		427,361	0	427,361	3,501,124	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	610,334		610,334	0	610,334	137,247	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	5,873,035		5,873,035	0	5,873,035	15,449,688	71.00
71.01	07101	PSYCHIATRY/PSYCHOLOGICAL SERVICES	341,648		341,648	0	341,648	760,203	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	808,895		808,895	0	808,895	1,587,335	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,099,639		5,099,639	0	5,099,639	24,683,531	73.00
75.00	07500	ASC (NON-DISTINCT PART)	1,208,924		1,208,924	0	1,208,924	0	75.00
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	0	89.00
90.00	09000	CLINIC	0		0	0	0	0	90.00
90.01	09001	PROVIDER BASED CLINICS	28,351,668		28,351,668	19,819	28,371,487	0	90.01
91.00	09100	EMERGENCY	5,132,588		5,132,588	707,408	5,839,996	4,800,310	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	797,798		797,798	0	797,798	323,835	92.00
OTHER REIMBURSABLE COST CENTERS									
99.00	09900	CMHC	0		0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	977,977		977,977	0	977,977	0	101.00
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE	0		0	0	0	0	113.00
116.00	11600	HOSPICE	0		0	0	0	0	116.00
200.00		Subtotal (see instructions)	96,869,866	0	96,869,866	818,520	97,688,386	131,849,010	200.00
201.00		Less Observation Beds	797,798		797,798	0	797,798	0	201.00
202.00		Total (see instructions)	96,072,068	0	96,072,068	818,520	96,890,588	131,849,010	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140012

Period:
From 01/01/2012
To 12/31/2012

Worksheet C
Part I
Date/Time Prepared:
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Cost Center Description		Charges		Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	PPS	
		Outpatient	Total (col. 6 + col. 7)					
		7.00	8.00					
		9.00	10.00	11.00				
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS		16,977,816				30.00
31.00	03100	INTENSIVE CARE UNIT		4,628,238				31.00
40.00	04000	SUBPROVIDER - IPF		8,112,480				40.00
42.00	04200	SUBPROVIDER		0				42.00
43.00	04300	NURSERY		1,056,536				43.00
44.00	04400	SKILLED NURSING FACILITY		0				44.00
45.00	04500	NURSING FACILITY		0				45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	20,463,949	31,985,703	0.154374	0.000000	0.154374	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	152,509	1,337,361	0.205313	0.000000	0.205313	52.00
53.00	05300	ANESTHESIOLOGY	2,402,973	4,196,025	0.049141	0.000000	0.049141	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,571,148	10,697,960	0.378751	0.000000	0.378751	54.00
54.01	05401	ULTRA SOUND	4,177,239	4,848,632	0.155835	0.000000	0.155835	54.01
57.00	05700	CT SCAN	18,389,042	23,503,320	0.041569	0.000000	0.041569	57.00
58.00	05800	MRI	9,920,260	10,893,685	0.098919	0.000000	0.098919	58.00
59.00	05900	CARDIAC CATHETERIZATION	16,720,008	29,086,332	0.126005	0.000000	0.126005	59.00
60.00	06000	LABORATORY	23,048,452	31,679,344	0.234647	0.000000	0.237529	60.00
60.01	06002	BLOOD BANK	0	0	0.000000	0.000000	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	1,377,846	6,830,563	0.236303	0.000000	0.236303	65.00
66.00	06600	PHYSICAL THERAPY	7,625,257	8,402,757	0.378778	0.000000	0.378778	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,698,873	1,850,843	0.305754	0.000000	0.305754	67.00
68.00	06800	SPEECH PATHOLOGY	845,525	911,223	0.542903	0.000000	0.542903	68.00
69.00	06900	ELECTROCARDIOLOGY	9,265,720	12,766,844	0.033474	0.000000	0.033474	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,143,801	5,281,048	0.115571	0.000000	0.115571	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	11,996,720	27,446,408	0.213982	0.000000	0.213982	71.00
71.01	07101	PSYCHIATRY/PSYCHOLOGICAL SERVICES	111,585	871,788	0.391893	0.000000	0.391893	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	856,199	2,443,534	0.331035	0.000000	0.331035	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	17,083,929	41,767,460	0.122096	0.000000	0.122096	73.00
75.00	07500	ASC (NON-DISTINCT PART)	1,423,013	1,423,013	0.849552	0.000000	0.849552	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0				88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0				89.00
90.00	09000	CLINIC	0	0	0.000000	0.000000	0.000000	90.00
90.01	09001	PROVIDER BASED CLINICS	26,254,590	26,254,590	1.079875	0.000000	1.080630	90.01
91.00	09100	EMERGENCY	14,995,440	19,795,750	0.259277	0.000000	0.295013	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,936,603	3,260,438	0.244690	0.000000	0.244690	92.00
OTHER REIMBURSABLE COST CENTERS								
99.00	09900	CMHC	0	0				99.00
101.00	10100	HOME HEALTH AGENCY	971,297	971,297				101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0				116.00
200.00		Subtotal (see instructions)	207,431,978	339,280,988				200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	207,431,978	339,280,988				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140012

Period:
From 01/01/2012
To 12/31/2012

Worksheet C
Part I
Date/Time Prepared:
5/30/2013 1:56 pm

			Title XIX		Hospital		Cost		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			Charges			
			Total Costs	RCE Dissallowance	Total Costs	Inpatient			
			1.00	2.00	3.00	4.00	5.00	6.00	
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	12,231,354		12,231,354	0	0	16,977,816	30.00
31.00	03100	INTENSIVE CARE UNIT	2,399,010		2,399,010	0	0	4,628,238	31.00
40.00	04000	SUBPROVIDER - I PF	2,678,934		2,678,934	0	0	8,112,480	40.00
42.00	04200	SUBPROVIDER	0		0	0	0	0	42.00
43.00	04300	NURSERY	694,145		694,145	0	0	1,056,536	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0		0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	4,937,758		4,937,758	0	0	11,521,754	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	274,578		274,578	0	0	1,184,852	52.00
53.00	05300	ANESTHESIOLOGY	206,198		206,198	0	0	1,793,052	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,051,867		4,051,867	0	0	1,126,812	54.00
54.01	05401	ULTRASOUND	755,585		755,585	0	0	671,393	54.01
57.00	05700	CT SCAN	977,017		977,017	0	0	5,114,278	57.00
58.00	05800	MRI	1,077,591		1,077,591	0	0	973,425	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,665,012		3,665,012	0	0	12,366,324	59.00
60.00	06000	LABORATORY	7,433,474		7,433,474	0	0	8,630,892	60.00
60.01	06002	BLOOD BANK	0		0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	1,614,085	0	1,614,085	0	0	5,452,717	65.00
66.00	06600	PHYSICAL THERAPY	3,182,782	0	3,182,782	0	0	777,500	66.00
67.00	06700	OCCUPATIONAL THERAPY	565,903	0	565,903	0	0	151,970	67.00
68.00	06800	SPEECH PATHOLOGY	494,706	0	494,706	0	0	65,698	68.00
69.00	06900	ELECTROCARDIOLOGY	427,361		427,361	0	0	3,501,124	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	610,334		610,334	0	0	137,247	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	5,873,035		5,873,035	0	0	15,449,688	71.00
71.01	07101	PSYCHIATRY/PSYCHOLOGICAL SERVICES	341,648		341,648	0	0	760,203	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	808,895		808,895	0	0	1,587,335	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,099,639		5,099,639	0	0	24,683,531	73.00
75.00	07500	ASC (NON-DISTINCT PART)	1,208,924		1,208,924	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	0	89.00
90.00	09000	CLINIC	0		0	0	0	0	90.00
90.01	09001	PROVIDER BASED CLINICS	28,351,668		28,351,668	0	0	0	90.01
91.00	09100	EMERGENCY	5,132,588		5,132,588	0	0	4,800,310	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	797,798		797,798	0	0	323,835	92.00
OTHER REIMBURSABLE COST CENTERS									
99.00	09900	CMHC	0		0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	977,977		977,977	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE	0		0	0	0	0	113.00
116.00	11600	HOSPICE	0		0	0	0	0	116.00
200.00		Subtotal (see instructions)	96,869,866	0	96,869,866	0	0	131,849,010	200.00
201.00		Less Observation Beds	797,798		797,798	0	0	0	201.00
202.00		Total (see instructions)	96,072,068	0	96,072,068	0	0	131,849,010	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140012

Period:
From 01/01/2012
To 12/31/2012

Worksheet C
Part I
Date/Time Prepared:
5/30/2013 1:56 pm

Cost Center Description			Charges		Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	Cost
			Outpatient	Total (col. 6 + col. 7)				
			7.00	8.00	9.00	10.00	11.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS		16,977,816				30.00
31.00	03100	INTENSIVE CARE UNIT		4,628,238				31.00
40.00	04000	SUBPROVIDER - IPF		8,112,480				40.00
42.00	04200	SUBPROVIDER		0				42.00
43.00	04300	NURSERY		1,056,536				43.00
44.00	04400	SKILLED NURSING FACILITY		0				44.00
45.00	04500	NURSING FACILITY		0				45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	20,463,949	31,985,703	0.154374	0.000000	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	152,509	1,337,361	0.205313	0.000000	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	2,402,973	4,196,025	0.049141	0.000000	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,571,148	10,697,960	0.378751	0.000000	0.000000	54.00
54.01	05401	ULTRA SOUND	4,177,239	4,848,632	0.155835	0.000000	0.000000	54.01
57.00	05700	CT SCAN	18,389,042	23,503,320	0.041569	0.000000	0.000000	57.00
58.00	05800	MRI	9,920,260	10,893,685	0.098919	0.000000	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	16,720,008	29,086,332	0.126005	0.000000	0.000000	59.00
60.00	06000	LABORATORY	23,048,452	31,679,344	0.234647	0.000000	0.000000	60.00
60.01	06002	BLOOD BANK	0	0	0.000000	0.000000	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	1,377,846	6,830,563	0.236303	0.000000	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	7,625,257	8,402,757	0.378778	0.000000	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,698,873	1,850,843	0.305754	0.000000	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	845,525	911,223	0.542903	0.000000	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	9,265,720	12,766,844	0.033474	0.000000	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,143,801	5,281,048	0.115571	0.000000	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	11,996,720	27,446,408	0.213982	0.000000	0.000000	71.00
71.01	07101	PSYCHIATRY/PSYCHOLOGICAL SERVICES	111,585	871,788	0.391893	0.000000	0.000000	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	856,199	2,443,534	0.331035	0.000000	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	17,083,929	41,767,460	0.122096	0.000000	0.000000	73.00
75.00	07500	ASC (NON-DISTINCT PART)	1,423,013	1,423,013	0.849552	0.000000	0.000000	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0.000000	89.00
90.00	09000	CLINIC	0	0	0.000000	0.000000	0.000000	90.00
90.01	09001	PROVIDER BASED CLINICS	26,254,590	26,254,590	1.079875	0.000000	0.000000	90.01
91.00	09100	EMERGENCY	14,995,440	19,795,750	0.259277	0.000000	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,936,603	3,260,438	0.244690	0.000000	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
99.00	09900	CMHC	0	0				99.00
101.00	10100	HOME HEALTH AGENCY	971,297	971,297				101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0				116.00
200.00		Subtotal (see instructions)	207,431,978	339,280,988				200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	207,431,978	339,280,988				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140012	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part I Date/Time Prepared: 5/30/2013 1:56 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	769,972	0	769,972	10,410	73.96	30.00	
31.00	INTENSIVE CARE UNIT	113,869		113,869	1,261	90.30	31.00	
40.00	SUBPROVIDER - IPF	175,647	0	175,647	3,374	52.06	40.00	
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00	
43.00	NURSERY	24,214		24,214	670	36.14	43.00	
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00	
45.00	NURSING FACILITY	0		0	0	0.00	45.00	
200.00	Total (lines 30-199)	1,083,702		1,083,702	15,715		200.00	
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)					
		6.00	7.00					
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	5,408	399,976					30.00
31.00	INTENSIVE CARE UNIT	731	66,009					31.00
40.00	SUBPROVIDER - IPF	1,328	69,136					40.00
42.00	SUBPROVIDER	0	0					42.00
43.00	NURSERY	0	0					43.00
44.00	SKILLED NURSING FACILITY	0	0					44.00
45.00	NURSING FACILITY	0	0					45.00
200.00	Total (lines 30-199)	7,467	535,121					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140012	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part II Date/Time Prepared: 5/30/2013 1:56 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Hospital Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	686,962	31,985,703	0.021477	4,818,108	103,479	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	26,472	1,337,361	0.019794	3,659	72	52.00
53.00	05300	ANESTHESIOLOGY	53,405	4,196,025	0.012728	713,732	9,084	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	667,865	10,697,960	0.062429	950,973	59,368	54.00
54.01	05401	ULTRA SOUND	77,958	4,848,632	0.016078	196,610	3,161	54.01
57.00	05700	CT SCAN	44,114	23,503,320	0.001877	2,792,434	5,241	57.00
58.00	05800	MRI	363,024	10,893,685	0.033324	527,596	17,582	58.00
59.00	05900	CARDIAC CATHETERIZATION	279,996	29,086,332	0.009626	5,328,380	51,291	59.00
60.00	06000	LABORATORY	309,850	31,679,344	0.009781	5,241,841	51,270	60.00
60.01	06002	BLOOD BANK	0	0	0.000000	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	112,485	6,830,563	0.016468	4,002,885	65,920	65.00
66.00	06600	PHYSICAL THERAPY	244,805	8,402,757	0.029134	536,334	15,626	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,217	1,850,843	0.002278	107,638	245	67.00
68.00	06800	SPEECH PATHOLOGY	38,740	911,223	0.042514	48,654	2,068	68.00
69.00	06900	ELECTROCARDIOLOGY	69,165	12,766,844	0.005418	1,566,626	8,488	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	47,836	5,281,048	0.009058	87,002	788	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	99,152	27,446,408	0.003613	8,596,848	31,060	71.00
71.01	07101	PSYCHIATRY/PSYCHOLOGICAL SERVICES	50,228	871,788	0.057615	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,870	2,443,534	0.001993	970,212	1,934	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	64,861	41,767,460	0.001553	13,598,649	21,119	73.00
75.00	07500	ASC (NON-DISTINCT PART)	97,901	1,423,013	0.068798	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	PROVIDER BASED CLINICS	2,235,138	26,254,590	0.085133	0	0	90.01
91.00	09100	EMERGENCY	267,975	19,795,750	0.013537	2,530,698	34,258	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	50,222	3,260,438	0.015403	252,144	3,884	92.00
200.00		Total (lines 50-199)	5,897,241	307,534,621		52,871,023	485,938	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140012	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part III Date/Time Prepared: 5/30/2013 1:56 pm
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Cost Center Description			Title XVIII		Hospital		PPS
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)
			1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0 30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0 31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0 40.00
42.00	04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00	04300	NURSERY	0	0	0	0	0 43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0 45.00
200.00		Total (lines 30-199)	0	0	0	0	0 200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	
			6.00	7.00	8.00	9.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	10,410	0.00	5,408	0	30.00
31.00	03100	INTENSIVE CARE UNIT	1,261	0.00	731	0	31.00
40.00	04000	SUBPROVIDER - IPF	3,374	0.00	1,328	0	40.00
42.00	04200	SUBPROVIDER	0	0.00	0	0	42.00
43.00	04300	NURSERY	670	0.00	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0.00	0	0	44.00
45.00	04500	NURSING FACILITY	0	0.00	0	0	45.00
200.00		Total (lines 30-199)	15,715		7,467	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140012	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/30/2013 1:56 pm
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Cost Center Description		Title XVIII				Hospital	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
54.01	05401	ULTRA SOUND	0	0	0	0	54.01
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06002	BLOOD BANK	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
71.01	07101	PSYCHIATRY/PSYCHOLOGICAL SERVICES	0	0	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	PROVIDER BASED CLINICS	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
200.00		Total (Lines 50-199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140012	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/30/2013 1:56 pm
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	31,985,703	0.000000	0.000000	4,818,108	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	1,337,361	0.000000	0.000000	3,659	52.00
53.00	05300 ANESTHESIOLOGY	0	4,196,025	0.000000	0.000000	713,732	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	10,697,960	0.000000	0.000000	950,973	54.00
54.01	05401 ULTRA SOUND	0	4,848,632	0.000000	0.000000	196,610	54.01
57.00	05700 CT SCAN	0	23,503,320	0.000000	0.000000	2,792,434	57.00
58.00	05800 MRI	0	10,893,685	0.000000	0.000000	527,596	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	29,086,332	0.000000	0.000000	5,328,380	59.00
60.00	06000 LABORATORY	0	31,679,344	0.000000	0.000000	5,241,841	60.00
60.01	06002 BLOOD BANK	0	0	0.000000	0.000000	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	6,830,563	0.000000	0.000000	4,002,885	65.00
66.00	06600 PHYSICAL THERAPY	0	8,402,757	0.000000	0.000000	536,334	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	1,850,843	0.000000	0.000000	107,638	67.00
68.00	06800 SPEECH PATHOLOGY	0	911,223	0.000000	0.000000	48,654	68.00
69.00	06900 ELECTROCARDIOLOGY	0	12,766,844	0.000000	0.000000	1,566,626	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	5,281,048	0.000000	0.000000	87,002	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	27,446,408	0.000000	0.000000	8,596,848	71.00
71.01	07101 PSYCHIATRY/PSYCHOLOGICAL SERVICES	0	871,788	0.000000	0.000000	0	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	2,443,534	0.000000	0.000000	970,212	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	41,767,460	0.000000	0.000000	13,598,649	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	1,423,013	0.000000	0.000000	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000 CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	09001 PROVIDER BASED CLINICS	0	26,254,590	0.000000	0.000000	0	90.01
91.00	09100 EMERGENCY	0	19,795,750	0.000000	0.000000	2,530,698	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	3,260,438	0.000000	0.000000	252,144	92.00
200.00	Total (lines 50-199)	0	307,534,621			52,871,023	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140012	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/30/2013 1:56 pm
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	Hospital	PPS
ANCILLARY SERVICE COST CENTERS		11.00	12.00	13.00		
50.00	05000 OPERATING ROOM	0	6,256,678	0		50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300 ANESTHESIOLOGY	0	624,319	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	3,679,728	0		54.00
54.01	05401 ULTRA SOUND	0	462,170	0		54.01
57.00	05700 CT SCAN	0	5,173,421	0		57.00
58.00	05800 MRI	0	2,571,222	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	0	2,765,024	0		59.00
60.00	06000 LABORATORY	0	905,096	0		60.00
60.01	06002 BLOOD BANK	0	0	0		60.01
65.00	06500 RESPIRATORY THERAPY	0	600,637	0		65.00
66.00	06600 PHYSICAL THERAPY	0	0	0		66.00
67.00	06700 OCCUPATIONAL THERAPY	0	143	0		67.00
68.00	06800 SPEECH PATHOLOGY	0	73,635	0		68.00
69.00	06900 ELECTROCARDIOLOGY	0	4,439,065	0		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	1,628,514	0		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	3,419,207	0		71.00
71.01	07101 PSYCHIATRY/PSYCHOLOGICAL SERVICES	0	20,664	0		71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	554,647	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	6,569,045	0		73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	55,788	0		75.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000 CLINIC	0	0	0		90.00
90.01	09001 PROVIDER BASED CLINICS	0	2,132,070	0		90.01
91.00	09100 EMERGENCY	0	2,775,135	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	957,573	0		92.00
200.00	Total (lines 50-199)	0	45,663,781	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140012	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/30/2013 1:56 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.154374	6,256,678	0	0	965,868	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.205313	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.049141	624,319	0	0	30,680	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.378751	3,679,728	0	0	1,393,701	54.00
54.01	05401	ULTRA SOUND	0.155835	462,170	0	0	72,022	54.01
57.00	05700	CT SCAN	0.041569	5,173,421	0	0	215,054	57.00
58.00	05800	MRI	0.098919	2,571,222	0	0	254,343	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.126005	2,765,024	0	0	348,407	59.00
60.00	06000	LABORATORY	0.234647	905,096	2,552	0	212,378	60.00
60.01	06002	BLOOD BANK	0.000000	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.236303	600,637	0	0	141,932	65.00
66.00	06600	PHYSICAL THERAPY	0.378778	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.305754	143	0	0	44	67.00
68.00	06800	SPEECH PATHOLOGY	0.542903	73,635	0	0	39,977	68.00
69.00	06900	ELECTROCARDIOLOGY	0.033474	4,439,065	0	0	148,593	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.115571	1,628,514	0	0	188,209	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.213982	3,419,207	0	0	731,649	71.00
71.01	07101	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.391893	20,664	0	0	8,098	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.331035	554,647	0	0	183,608	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.122096	6,569,045	1,825	89,084	802,054	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.849552	55,788	0	0	47,395	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0.000000				0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	PROVIDER BASED CLINICS	1.079875	2,132,070	48	0	2,302,369	90.01
91.00	09100	EMERGENCY	0.259277	2,775,135	0	0	719,529	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.244690	957,573	0	0	234,309	92.00
200.00		Subtotal (see instructions)		45,663,781	4,425	89,084	9,040,219	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		45,663,781	4,425	89,084	9,040,219	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140012	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/30/2013 1:56 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 05401 ULTRA SOUND	0	0		54.01
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MRI	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	599	0		60.00
60.01 06002 BLOOD BANK	0	0		60.01
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
71.01 07101 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0		71.01
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	223	10,877		73.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	0		90.00
90.01 09001 PROVIDER BASED CLINICS	52	0		90.01
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00 Subtotal (see instructions)	874	10,877		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	874	10,877		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140012 Component CCN: 14S012		Period: From 01/01/2012 To 12/31/2012		Worksheet D Part II Date/Time Prepared: 5/30/2013 1:56 pm	
				Title VIII		Subprovider - IPF	PPS
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	686,962	31,985,703	0.021477	0	0 50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	26,472	1,337,361	0.019794	0	0 52.00
53.00	05300	ANESTHESIOLOGY	53,405	4,196,025	0.012728	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	667,865	10,697,960	0.062429	19,218	1,200 54.00
54.01	05401	ULTRA SOUND	77,958	4,848,632	0.016078	2,370	38 54.01
57.00	05700	CT SCAN	44,114	23,503,320	0.001877	32,687	61 57.00
58.00	05800	MRI	363,024	10,893,685	0.033324	16,487	549 58.00
59.00	05900	CARDIAC CATHETERIZATION	279,996	29,086,332	0.009626	14,310	138 59.00
60.00	06000	LABORATORY	309,850	31,679,344	0.009781	187,566	1,835 60.00
60.01	06002	BLOOD BANK	0	0	0.000000	0	0 60.01
65.00	06500	RESPIRATORY THERAPY	112,485	6,830,563	0.016468	7,682	127 65.00
66.00	06600	PHYSICAL THERAPY	244,805	8,402,757	0.029134	5,437	158 66.00
67.00	06700	OCCUPATIONAL THERAPY	4,217	1,850,843	0.002278	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	38,740	911,223	0.042514	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	69,165	12,766,844	0.005418	11,244	61 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	47,836	5,281,048	0.009058	2,640	24 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	99,152	27,446,408	0.003613	13,720	50 71.00
71.01	07101	PSYCHIATRY/PSYCHOLOGICAL SERVICES	50,228	871,788	0.057615	283,677	16,344 71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,870	2,443,534	0.001993	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	64,861	41,767,460	0.001553	420,785	653 73.00
75.00	07500	ASC (NON-DISTINCT PART)	97,901	1,423,013	0.068798	0	0 75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0 89.00
90.00	09000	CLINIC	0	0	0.000000	0	0 90.00
90.01	09001	PROVIDER BASED CLINICS	2,235,138	26,254,590	0.085133	0	0 90.01
91.00	09100	EMERGENCY	267,975	19,795,750	0.013537	76,893	1,041 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	3,260,438	0.000000	0	0 92.00
200.00		Total (lines 50-199)	5,847,019	307,534,621		1,094,716	22,279 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140012 Component CCN: 14S012	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/30/2013 1:56 pm
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401 ULTRA SOUND	0	0	0	0	0	54.01
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MRI	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
60.01	06002 BLOOD BANK	0	0	0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
71.01	07101 PSYCHIATRY/PSYCHOLOGICAL SERVICES	0	0	0	0	0	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 PROVIDER BASED CLINICS	0	0	0	0	0	90.01
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00	Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140012 Component CCN: 14S012	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/30/2013 1:56 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description	Total	Total Charges	Ratio of Cost	Outpatient	Inpatient Program Charges
	Outpatient Cost (sum of col. 2, 3 and 4)	(from Wkst. C, Part I, col. 8)	to Charges (col. 5 + col. 7)	Ratio of Cost to Charges (col. 6 ÷ col. 7)	
	6.00	7.00	8.00	9.00	10.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0	31,985,703	0.000000	0.000000	0 50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	1,337,361	0.000000	0.000000	0 52.00
53.00 05300 ANESTHESIOLOGY	0	4,196,025	0.000000	0.000000	0 53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	10,697,960	0.000000	0.000000	19,218 54.00
54.01 05401 ULTRA SOUND	0	4,848,632	0.000000	0.000000	2,370 54.01
57.00 05700 CT SCAN	0	23,503,320	0.000000	0.000000	32,687 57.00
58.00 05800 MRI	0	10,893,685	0.000000	0.000000	16,487 58.00
59.00 05900 CARDIAC CATHETERIZATION	0	29,086,332	0.000000	0.000000	14,310 59.00
60.00 06000 LABORATORY	0	31,679,344	0.000000	0.000000	187,566 60.00
60.01 06002 BLOOD BANK	0	0	0.000000	0.000000	0 60.01
65.00 06500 RESPIRATORY THERAPY	0	6,830,563	0.000000	0.000000	7,682 65.00
66.00 06600 PHYSICAL THERAPY	0	8,402,757	0.000000	0.000000	5,437 66.00
67.00 06700 OCCUPATIONAL THERAPY	0	1,850,843	0.000000	0.000000	0 67.00
68.00 06800 SPEECH PATHOLOGY	0	911,223	0.000000	0.000000	0 68.00
69.00 06900 ELECTROCARDIOLOGY	0	12,766,844	0.000000	0.000000	11,244 69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	5,281,048	0.000000	0.000000	2,640 70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	27,446,408	0.000000	0.000000	13,720 71.00
71.01 07101 PSYCHIATRY/PSYCHOLOGICAL SERVICES	0	871,788	0.000000	0.000000	283,677 71.01
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	2,443,534	0.000000	0.000000	0 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	41,767,460	0.000000	0.000000	420,785 73.00
75.00 07500 ASC (NON-DISTINCT PART)	0	1,423,013	0.000000	0.000000	0 75.00
OUTPATIENT SERVICE COST CENTERS					
88.00 08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0 88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0 89.00
90.00 09000 CLINIC	0	0	0.000000	0.000000	0 90.00
90.01 09001 PROVIDER BASED CLINICS	0	26,254,590	0.000000	0.000000	0 90.01
91.00 09100 EMERGENCY	0	19,795,750	0.000000	0.000000	76,893 91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	3,260,438	0.000000	0.000000	0 92.00
200.00 Total (lines 50-199)	0	307,534,621			1,094,716 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140012	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/30/2013 1:56 pm
	Component CCN: 14S012	Title XVIII	Subprovider - IPF PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.01	05401 ULTRA SOUND	0	0	0	54.01
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MRI	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
60.01	06002 BLOOD BANK	0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
71.01	07101 PSYCHIATRY/PSYCHOLOGICAL SERVICES	0	0	0	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 PROVIDER BASED CLINICS	0	485	0	90.01
91.00	09100 EMERGENCY	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
200.00	Total (lines 50-199)	0	485	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140012	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/30/2013 1:56 pm
		Component CCN: 14S012	Title XVIII	Subprovider - IPF
				PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.154374	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.205313	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.049141	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.378751	0	0	0	54.00
54.01	05401	ULTRA SOUND	0.155835	0	0	0	54.01
57.00	05700	CT SCAN	0.041569	0	0	0	57.00
58.00	05800	MRI	0.098919	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.126005	0	0	0	59.00
60.00	06000	LABORATORY	0.234647	0	0	0	60.00
60.01	06002	BLOOD BANK	0.000000	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.236303	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.378778	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.305754	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.542903	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.033474	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.115571	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.213982	0	0	0	71.00
71.01	07101	PSYCHIATRY/PSYCHOLOGICAL SERVICES	0.391893	0	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.331035	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.122096	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.849552	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0.000000			0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000			0	89.00
90.00	09000	CLINIC	0.000000	0	0	0	90.00
90.01	09001	PROVIDER BASED CLINICS	1.079875	485	0	524	90.01
91.00	09100	EMERGENCY	0.259277	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.244690	0	0	0	92.00
200.00		Subtotal (see instructions)		485	0	524	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00		Net Charges (line 200 +/- line 201)		485	0	524	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140012	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/30/2013 1:56 pm
	Component CCN: 14S012	Title XVII I	Subprovider - IPF

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	0	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01 05401 ULTRA SOUND	0	0	54.01
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MRI	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
60.01 06002 BLOOD BANK	0	0	60.01
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
71.01 07101 PSYCHIATRY/PSYCHOLOGICAL SERVICES	0	0	71.01
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	75.00
OUTPATIENT SERVICE COST CENTERS			
88.00 08800 RURAL HEALTH CLINIC	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00 09000 CLINIC	0	0	90.00
90.01 09001 PROVIDER BASED CLINICS	0	0	90.01
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00 Subtotal (see instructions)	0	0	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00 Net Charges (line 200 +/- line 201)	0	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140012	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/30/2013 1:56 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		10,410	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		10,410	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		9,731	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		5,408	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		12,231,354	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		12,231,354	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		11,301,355	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		11,301,355	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		1.082291	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,161.38	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		12,231,354	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,174.96	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		6,354,184	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		6,354,184	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140012		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 5/30/2013 1:56 pm	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	2,399,010	1,261	1,902.47	731	1,390,706		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					9,155,436		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					16,900,326		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					465,985		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					485,938		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					951,923		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					15,948,403		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					679		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,174.96		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					797,798		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140012		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 5/30/2013 1:56 pm	
Title XVIII		Hospital		PPS			
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	769,972	12,231,354	0.062951	797,798	50,222	90.00
91.00	Nursing School cost	0	12,231,354	0.000000	797,798	0	91.00
92.00	Allied health cost	0	12,231,354	0.000000	797,798	0	92.00
93.00	All other Medical Education	0	12,231,354	0.000000	797,798	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140012	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1
		Component CCN: 14S012		Date/Time Prepared: 5/30/2013 1:56 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		3,374	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,374	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		3,374	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,328	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		2,678,934	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		2,678,934	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		8,847,904	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		8,847,904	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.302776	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		2,622.38	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		2,678,934	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		793.99	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,054,419	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,054,419	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140012		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1	
		Component CCN: 14S012				Date/Time Prepared: 5/30/2013 1:56 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					249,715		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,304,134		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					69,136		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					22,279		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					91,415		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)					1,212,719		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140012 Component CCN: 14S012		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 5/30/2013 1:56 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	175,647	2,678,934	0.065566	0	0	90.00
91.00	Nursing School cost	0	2,678,934	0.000000	0	0	91.00
92.00	Allied health cost	0	2,678,934	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,678,934	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140012	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3 Date/Time Prepared: 5/30/2013 1:56 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		7,844,429	30.00
31.00	03100	INTENSIVE CARE UNIT		3,594,329	31.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.154374	4,818,108	743,791 50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.205313	3,659	751 52.00
53.00	05300	ANESTHESIOLOGY	0.049141	713,732	35,074 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.378751	950,973	360,182 54.00
54.01	05401	ULTRA SOUND	0.155835	196,610	30,639 54.01
57.00	05700	CT SCAN	0.041569	2,792,434	116,079 57.00
58.00	05800	MRI	0.098919	527,596	52,189 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.126005	5,328,380	671,403 59.00
60.00	06000	LABORATORY	0.237529	5,241,841	1,245,089 60.00
60.01	06002	BLOOD BANK	0.000000	0	0 60.01
65.00	06500	RESPIRATORY THERAPY	0.236303	4,002,885	945,894 65.00
66.00	06600	PHYSICAL THERAPY	0.378778	536,334	203,152 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.305754	107,638	32,911 67.00
68.00	06800	SPEECH PATHOLOGY	0.542903	48,654	26,414 68.00
69.00	06900	ELECTROCARDIOLOGY	0.033474	1,566,626	52,441 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.115571	87,002	10,055 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.213982	8,596,848	1,839,571 71.00
71.01	07101	PSYCHIATRY/PSYCHOLOGICAL SERVICES	0.391893	0	0 71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.331035	970,212	321,174 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.122096	13,598,649	1,660,341 73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.849552	0	0 75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0 89.00
90.00	09000	CLINIC	0.000000	0	0 90.00
90.01	09001	PROVIDER BASED CLINICS	1.080630	0	0 90.01
91.00	09100	EMERGENCY	0.295013	2,530,698	746,589 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.244690	252,144	61,697 92.00
200.00		Total (sum of lines 50-94 and 96-98)		52,871,023	9,155,436 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net Charges (line 200 minus line 201)		52,871,023	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140012	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3	
		Component CCN: 14S012		Date/Time Prepared: 5/30/2013 1:56 pm	
		Title XVIIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
40.00	04000	SUBPROVIDER - IPF		2,886,397	40.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.154374	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.205313	0	52.00
53.00	05300	ANESTHESIOLOGY	0.049141	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.378751	19,218	54.00
54.01	05401	ULTRA SOUND	0.155835	2,370	54.01
57.00	05700	CT SCAN	0.041569	32,687	57.00
58.00	05800	MRI	0.098919	16,487	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.126005	14,310	59.00
60.00	06000	LABORATORY	0.237529	187,566	60.00
60.01	06002	BLOOD BANK	0.000000	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.236303	7,682	65.00
66.00	06600	PHYSICAL THERAPY	0.378778	5,437	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.305754	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.542903	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.033474	11,244	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.115571	2,640	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.213982	13,720	71.00
71.01	07101	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.391893	283,677	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.331035	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.122096	420,785	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.849552	0	75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	PROVIDER BASED CLINICS	1.080630	0	90.01
91.00	09100	EMERGENCY	0.295013	76,893	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.244690	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		1,094,716	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		1,094,716	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140012	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part A Date/Time Prepared: 5/30/2013 1:56 pm
		Title VIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments		12,019,109	1.00
2.00	Outlier payments for discharges. (see instructions)		215,125	2.00
2.01	Outlier reconciliation amount		0	2.01
3.00	Managed Care Simulated Payments		548,904	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		64.14	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		6.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		6.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		6.61	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		6.00	12.00
13.00	Total allowable FTE count for the prior year.		6.25	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		6.31	14.00
15.00	Sum of lines 12 through 14 divided by 3.		6.19	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		6.19	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.096508	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.051571	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.051571	21.00
22.00	IME payment adjustment (see instructions)		349,077	22.00
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.61	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment. (see instructions)		0.000000	27.00
28.00	IME Adjustment (see instructions)		0	28.00
29.00	Total IME payment (sum of lines 22 and 28)		349,077	29.00
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		2.28	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		23.28	31.00
32.00	Sum of lines 30 and 31		25.56	32.00
33.00	Allowable disproportionate share percentage (see instructions)		10.30	33.00
34.00	Disproportionate share adjustment (see instructions)		1,237,968	34.00
Additional payment for high percentage of ESRD beneficiary discharges				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000	44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)		0	46.00
47.00	Subtotal (see instructions)		13,821,279	47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0	48.00
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)		13,821,279	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		1,038,260	50.00
51.00	Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Worksheet E-4, line 49 see instructions).		199,857	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		0	54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)		0	55.00
56.00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)		0	56.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140012	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part A Date/Time Prepared: 5/30/2013 1:56 pm
		Title XVIII	Hospital	PPS
		1.00		
57.00	Routine service other pass through costs (from Wkst D, Part III, column 9, lines 30-35).			0 57.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)			0 58.00
59.00	Total (sum of amounts on lines 49 through 58)			15,059,396 59.00
60.00	Primary payer payments			0 60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			15,059,396 61.00
62.00	Deductibles billed to program beneficiaries			1,438,860 62.00
63.00	Coinurance billed to program beneficiaries			14,161 63.00
64.00	Allowable bad debts (see instructions)			124,507 64.00
65.00	Adjusted reimbursable bad debts (see instructions)			87,155 65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			38,963 66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			13,693,530 67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)			0 68.00
69.00	Outlier payments reconciliation (Sum of lines 93, 95 and 96). (For SCH see instructions)			0 69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 70.00
70.93	HVBP incentive payment (see instructions)			9,638 70.93
70.94	Hospital readmissions reduction adjustment (see instructions)			-24,490 70.94
70.95	Recovery of Accelerated Depreciation			0 70.95
70.96	Low Volume Payment-1			0 70.96
70.97	Low Volume Payment-2			0 70.97
70.98	Low Volume Payment-3			0 70.98
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			13,678,678 71.00
72.00	Interim payments			13,618,018 72.00
73.00	Tentative settlement (for contractor use only)			0 73.00
74.00	Balance due provider (Program) (line 71 minus the sum of lines 72 and 73)			60,660 74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			0 75.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Operating outlier amount from Worksheet E, Part A line 2 (see instructions)			0 90.00
91.00	Capital outlier from Worksheet L, Part I, line 2			0 91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0 92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0 93.00
94.00	The rate used to calculate the Time Value of Money			0.00 94.00
95.00	Time Value of Money for operating expenses(see instructions)			0 95.00
96.00	Time Value of Money for capital related expenses (see instructions)			0 96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140012	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part B Date/Time Prepared: 5/30/2013 1:56 pm
		Title XVII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		11,751	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		9,040,219	2.00
3.00	PPS payments		10,037,127	3.00
4.00	Outlier payment (see instructions)		58,534	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		11,751	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		93,509	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		93,509	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		93,509	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		81,758	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		11,751	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		10,095,661	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		2,447,450	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		7,659,962	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		99,382	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		7,759,344	30.00
31.00	Primary payer payments		96	31.00
32.00	Subtotal (line 30 minus line 31)		7,759,248	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		241,809	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		169,266	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		167,613	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		7,928,514	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.98	AB Re-billing demo amount (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)		7,928,514	40.00
41.00	Interim payments		7,913,286	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (line 40 minus the sum of lines 41, and 42)		15,228	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140012	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part B Date/Time Prepared: 5/30/2013 1:56 pm
		Component CCN: 14S012	Title XVIII	Subprovider - IPF
		PPS		
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		524	2.00
3.00	PPS payments		731	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		731	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		146	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		585	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		585	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		585	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		585	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.98	AB Re-billing demo amount (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)		585	40.00
41.00	Interim payments		585	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (line 40 minus the sum of lines 41, and 42)		0	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140012

Period:
From 01/01/2012
To 12/31/2012

Worksheet E-1
Part I
Date/Time Prepared:
5/30/2013 1:56 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		13,465,938		7,850,578	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER	09/11/2012	152,080	09/11/2012	62,708	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		152,080		62,708	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		13,618,018		7,913,286	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		60,660		15,228	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		13,678,678		7,928,514	7.00	
				Contractor Number	Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140012
Component CCN: 14S012

Period:
From 01/01/2012
To 12/31/2012

Worksheet E-1
Part I
Date/Time Prepared:
5/30/2013 1:56 pm
PPS

Title XVIII

Subprovider -
IPF

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		910,135		585	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		910,135		585	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		23,861		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		933,996		585	7.00
				Contractor Number	Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140012
Component CCN: 14U012

Period:
From 01/01/2012
To 12/31/2012

Worksheet E-1
Part I
Date/Time Prepared:
5/30/2013 1:56 pm

Title XVIII

Swing Beds - SNF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		0		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		0		0	7.00
				Contractor Number	Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT - SWING BEDS

		Provider CCN: 140012	Period: From 01/01/2012	Worksheet E-2
		Component CCN: 14U012	To 12/31/2012	Date/Time Prepared: 5/30/2013 1:56 pm
		Title XVIII	Swing Beds - SNF	PPS
		Part A	Part B	
		1.00	2.00	
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient routine services - swing bed-SNF (see instructions)	0	0	1.00
2.00	Inpatient routine services - swing bed-NF (see instructions)			2.00
3.00	Ancillary services (from Wkst. D-3, column 3, line 200 for Part A, and sum of Wkst. D, Part V, columns 5 and 7, line 202 for Part B) (For CAH, see instructions)			3.00
4.00	Per diem cost for interns and residents not in approved teaching program (see instructions)		0.00	4.00
5.00	Program days	0	0	5.00
6.00	Interns and residents not in approved teaching program (see instructions)		0	6.00
7.00	Utilization review - physician compensation - SNF optional method only	0		7.00
8.00	Subtotal (sum of lines 1 through 3 plus lines 6 and 7)	0	0	8.00
9.00	Primary payer payments (see instructions)	0	0	9.00
10.00	Subtotal (line 8 minus line 9)	0	0	10.00
11.00	Deductibles billed to program patients (exclude amounts applicable to physician professional services)	0	0	11.00
12.00	Subtotal (line 10 minus line 11)	0	0	12.00
13.00	Coinsurance billed to program patients (from provider records) (exclude coinsurance for physician professional services)	0	0	13.00
14.00	80% of Part B costs (line 12 x 80%)		0	14.00
15.00	Subtotal (enter the lesser of line 12 minus line 13, or line 14)	0	0	15.00
16.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	16.00
17.00	Reimbursable bad debts (see instructions)	0	0	17.00
18.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0	0	18.00
19.00	Total (sum of lines 15 and 17, plus/minus line 16)	0	0	19.00
20.00	Interim payments	0	0	20.00
21.00	Tentative settlement (for contractor use only)	0	0	21.00
22.00	Balance due provider/program (line 19 minus the sum of lines 20 and 21)	0	0	22.00
23.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2	0	0	23.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140012	Period: From 01/01/2012 To 12/31/2012	Worksheet E-3 Part II Date/Time Prepared: 5/30/2013 1:56 pm
		Component CCN: 14S012	Title XVII	Subprovider - IPF
		PPS		
		1.00		
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)		1,064,204	1.00
2.00	Net IPF PPS Outlier Payments		8,645	2.00
3.00	Net IPF PPS ECT Payments		0	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)		0.00	4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)		0.00	4.01
5.00	New Teaching program adjustment. (see instructions)		0.00	5.00
6.00	Current year's unweighted FTE count of I&R other than FTEs in the first 3 years of a "new teaching program". (see inst.)		6.25	6.00
7.00	Current year's unweighted I&R FTE count for residents within the first 3 years of a "new teaching program". (see inst.)		0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)		0.00	8.00
9.00	Average Daily Census (see instructions)		9.218579	9.00
10.00	Medical Education Adjustment Factor $\{(1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1\}$.		0.000000	10.00
11.00	Medical Education Adjustment (line 1 multiplied by line 10).		0	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)		1,072,849	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)		0	13.00
14.00	Organ acquisition		0	14.00
15.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)		0	15.00
16.00	Subtotal (see instructions)		1,072,849	16.00
17.00	Primary payer payments		0	17.00
18.00	Subtotal (line 16 less line 17).		1,072,849	18.00
19.00	Deductibles		136,414	19.00
20.00	Subtotal (line 18 minus line 19)		936,435	20.00
21.00	Coinsurance		26,299	21.00
22.00	Subtotal (line 20 minus line 21)		910,136	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		34,086	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		23,860	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		24,569	25.00
26.00	Subtotal (sum of lines 22 and 24)		933,996	26.00
27.00	Direct graduate medical education payments (from Worksheet E-4, line 49)		0	27.00
28.00	Other pass through costs (see instructions)		0	28.00
29.00	Outlier payments reconciliation		0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	30.00
30.99	Recovery of Accelerated Depreciation		0	30.99
31.00	Total amount payable to the provider (see instructions)		933,996	31.00
32.00	Interim payments		910,135	32.00
33.00	Tentative settlement (for contractor use only)		0	33.00
34.00	Balance due provider/program (line 31 minus the sum lines 32 and 33)		23,861	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		0	35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2		8,645	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140012	Period: From 01/01/2012 To 12/31/2012	Worksheet E-4 Date/Time Prepared: 5/30/2013 1:56 pm	
		Title XVII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			6.00	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus line 4.01 plus line 4.02 plus applicable subscripts)			6.00	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			6.61	6.00
7.00	Enter the lesser of line 5 or line 6			6.00	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	6.61	0.00	6.61	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	6.00	0.00	6.00	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
11.00	Total weighted FTE count	6.00	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	6.25	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	6.31	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	6.19	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	6.19	0.00		17.00
18.00	Per resident amount	89,696.13	0.00		18.00
19.00	Approved amount for resident costs	555,219	0	555,219	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.61	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			555,219	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days	7,467	321		26.00
27.00	Total Inpatient Days (see instructions)	14,366	14,366		27.00
28.00	Ratio of inpatient days to total inpatient days	0.519769	0.022344		28.00
29.00	Program direct GME amount	288,586	12,406		29.00
30.00	Reduction for direct GME payments for Medicare managed care		1,753		30.00
31.00	Net Program direct GME amount			299,239	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140012	Period: From 01/01/2012 To 12/31/2012	Worksheet E-4 Date/Time Prepared: 5/30/2013 1:56 pm
		Title XVIII	Hospital	PPS
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Worksheet B, Part I, sum of columns 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Worksheet C, Part I, column 8, sum of lines 74 and 94)		0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		18,204,460	37.00
38.00	Organ acquisition costs (Worksheet D-4, Part III, column 1, line 69)		0	38.00
39.00	Cost of teaching physicians (Worksheet D-5, Part II, column 3, line 20)		0	39.00
40.00	Primary payer payments (see instructions)		0	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		18,204,460	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		9,052,494	42.00
43.00	Primary payer payments (see instructions)		96	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		9,052,398	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		27,256,858	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.667885	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.332115	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		299,239	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (Title XVIII only) (see instructions)		199,857	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		99,382	50.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only)

Provider CCN: 140012

Period:
From 01/01/2012
To 12/31/2012

Worksheet G

Date/Time Prepared:
5/30/2013 1:56 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	29,261,027	0	1,073,194	0	1.00
2.00	Temporary investments	1,500,331	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	34,045,688	0	0	0	4.00
5.00	Other receivable	2,548,395	0	147,494	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-4,550,712	0	0	0	6.00
7.00	Inventory	1,560,158	0	0	0	7.00
8.00	Prepaid expenses	1,666,913	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	66,031,800	0	1,220,688	0	11.00
FIXED ASSETS						
12.00	Land	2,129,972	0	0	0	12.00
13.00	Land improvements	4,729,371	0	0	0	13.00
14.00	Accumulated depreciation	-1,866,842	0	0	0	14.00
15.00	Buildings	47,484,339	0	0	0	15.00
16.00	Accumulated depreciation	-23,119,636	0	0	0	16.00
17.00	Leasehold improvements	19,000	0	0	0	17.00
18.00	Accumulated depreciation	-15,120	0	0	0	18.00
19.00	Fixed equipment	28,576,830	0	0	0	19.00
20.00	Accumulated depreciation	-14,248,242	0	0	0	20.00
21.00	Automobiles and trucks	327,057	0	0	0	21.00
22.00	Accumulated depreciation	-303,477	0	0	0	22.00
23.00	Major movable equipment	35,128,616	0	0	0	23.00
24.00	Accumulated depreciation	-27,141,212	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	2,190,753	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	53,891,409	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	1,249,595	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	19,692,234	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	20,941,829	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	140,865,038	0	1,220,688	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	2,626,509	0	0	0	37.00
38.00	Salaries, wages, and fees payable	7,721,016	0	0	0	38.00
39.00	Payroll taxes payable	867,011	0	0	0	39.00
40.00	Notes and loans payable (short term)	2,035,816	0	0	0	40.00
41.00	Deferred income	169,860	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	10,288,054	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	23,708,266	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	22,649,380	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	21,970,881	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	44,620,261	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	68,328,527	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	72,536,511				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			220,688		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			1,000,000		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	72,536,511	0	1,220,688	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	140,865,038	0	1,220,688	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140012

Period:
From 01/01/2012
To 12/31/2012

Worksheet G-1

Date/Time Prepared:
5/30/2013 1:56 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		68,220,729		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		5,053,863				2.00
3.00	Total (sum of line 1 and line 2)		73,274,592		0		3.00
4.00	PENSION EQUITY ADJUSTMENT	457,607		0		0	4.00
5.00	RESTRICTED DONOR CREATED FUND	-195,688		0		195,688	5.00
6.00	GOVERNING BODY CREATED FUND	-1,000,000		0		1,000,000	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		-738,081		0		10.00
11.00	Subtotal (line 3 plus line 10)		72,536,511		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		72,536,511		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	25,000		0			1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	25,000		0			3.00
4.00	PENSION EQUITY ADJUSTMENT		0				4.00
5.00	RESTRICTED DONOR CREATED FUND		0				5.00
6.00	GOVERNING BODY CREATED FUND		0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	1,195,688		0			10.00
11.00	Subtotal (line 3 plus line 10)	1,220,688		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	1,220,688		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 140012

Period:
From 01/01/2012
To 12/31/2012

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/30/2013 1:56 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	11,301,355		11,301,355	1.00
2.00	SUBPROVIDER - IPF	8,847,904		8,847,904	2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	7.00
8.00	NURSING FACILITY	0		0	8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	20,149,259		20,149,259	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	7,403,616		7,403,616	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	7,403,616		7,403,616	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	27,552,875		27,552,875	17.00
18.00	Ancillary services	91,690,556	176,206,618	267,897,174	18.00
19.00	Outpatient services	20,208,302	50,139,599	70,347,901	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		971,297	971,297	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC		0	0	24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	0	0	26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	139,451,733	227,317,514	366,769,247	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		123,622,474		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		123,622,474		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140012

Period:
From 01/01/2012
To 12/31/2012

Worksheet G-3

Date/Time Prepared:
5/30/2013 1:56 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	366,769,247	1.00
2.00	Less contractual allowances and discounts on patients' accounts	241,629,307	2.00
3.00	Net patient revenues (line 1 minus line 2)	125,139,940	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	123,622,474	4.00
5.00	Net income from service to patients (line 3 minus line 4)	1,517,466	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	247,004	6.00
7.00	Income from investments	732,691	7.00
8.00	Revenues from telephone and telegraph service	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	31,408	10.00
11.00	Rebates and refunds of expenses	36,201	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	322,353	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	65,826	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	8,160	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	203,071	20.00
21.00	Rental of vending machines	577	21.00
22.00	Rental of hospital space	325,255	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER (SPECIFY)	1,981,972	24.00
25.00	Total other income (sum of lines 6-24)	3,954,518	25.00
26.00	Total (line 5 plus line 25)	5,471,984	26.00
27.00	OTHER EXPENSES (SPECIFY)	418,121	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	418,121	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	5,053,863	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 140012

Period: From 01/01/2012

Worksheet H

HHA CCN: 147131

To 12/31/2012

Date/Time Prepared: 5/30/2013 1:56 pm

Home Health Agency I

PPS

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col.s. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS							
1.00			0		0	0	1.00
2.00			0		0	0	2.00
3.00	0	0	0	0	0	0	3.00
4.00	0	0	0	0	0	0	4.00
5.00	209,882	17,010	4,694	0	44,751	276,337	5.00
HHA REIMBURSABLE SERVICES							
6.00	233,097	18,905	9,793	0	0	261,795	6.00
7.00	0	0	6,864	0	0	6,864	7.00
8.00	0	0	186	0	0	186	8.00
9.00	0	0	43	0	0	43	9.00
10.00	172	14	0	0	0	186	10.00
11.00	29,785	2,416	281	0	0	32,482	11.00
12.00	0	0	0	0	0	0	12.00
13.00	0	0	0	0	0	0	13.00
14.00	0	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	0	0	0	0	0	0	15.00
16.00	0	0	0	0	0	0	16.00
17.00	0	0	0	0	0	0	17.00
18.00	0	0	0	0	0	0	18.00
19.00	0	0	0	0	0	0	19.00
20.00	0	0	0	0	0	0	20.00
21.00	0	0	0	0	0	0	21.00
22.00	0	0	0	0	0	0	22.00
23.00	0	0	0	0	0	0	23.00
24.00	472,936	38,345	21,861	0	44,751	577,893	24.00
	Reclassifi cation	Reclassifi ed Trial Balance (col. 6 + col. 7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
	7.00	8.00	9.00	10.00			
GENERAL SERVICE COST CENTERS							
1.00	0	0	0	0			1.00
2.00	0	0	0	0			2.00
3.00	0	0	0	0			3.00
4.00	0	0	0	0			4.00
5.00	0	276,337	0	276,337			5.00
HHA REIMBURSABLE SERVICES							
6.00	0	261,795	0	261,795			6.00
7.00	0	6,864	0	6,864			7.00
8.00	0	186	0	186			8.00
9.00	0	43	0	43			9.00
10.00	0	186	0	186			10.00
11.00	0	32,482	0	32,482			11.00
12.00	0	0	0	0			12.00
13.00	0	0	0	0			13.00
14.00	0	0	0	0			14.00
HHA NONREIMBURSABLE SERVICES							
15.00	0	0	0	0			15.00
16.00	0	0	0	0			16.00
17.00	0	0	0	0			17.00
18.00	0	0	0	0			18.00
19.00	0	0	0	0			19.00
20.00	0	0	0	0			20.00
21.00	0	0	0	0			21.00
22.00	0	0	0	0			22.00
23.00	0	0	0	0			23.00
24.00	0	577,893	0	577,893			24.00

Column, 6 line 24 should agree with the Worksheet A, column 7, line 101, or subscript as applicable.

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 140012	Period: From 01/01/2012 To 12/31/2012	Worksheet H-1 Part I Date/Time Prepared: 5/30/2013 1:56 pm
		HHA CCN: 147131	Home Health Agency I	PPS

	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)		
		Bldgs & Fixtures	Movable Equipment					
		1.00	2.00					3.00
GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures	0	0			0	1.00	
2.00	Capital Related - Movable Equipment	0	0			0	2.00	
3.00	Plant Operation & Maintenance	0	0	0		0	3.00	
4.00	Transportation	0	0	0	0	0	4.00	
5.00	Administrative and General	276,337	0	0	0	276,337	5.00	
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	261,795	0	0	0	261,795	6.00	
7.00	Physical Therapy	6,864	0	0	0	6,864	7.00	
8.00	Occupational Therapy	186	0	0	0	186	8.00	
9.00	Speech Pathology	43	0	0	0	43	9.00	
10.00	Medical Social Services	186	0	0	0	186	10.00	
11.00	Home Health Aide	32,482	0	0	0	32,482	11.00	
12.00	Supplies (see instructions)	0	0	0	0	0	12.00	
13.00	Drugs	0	0	0	0	0	13.00	
14.00	DME	0	0	0	0	0	14.00	
HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00	
16.00	Respiratory Therapy	0	0	0	0	0	16.00	
17.00	Private Duty Nursing	0	0	0	0	0	17.00	
18.00	Clinic	0	0	0	0	0	18.00	
19.00	Health Promotion Activities	0	0	0	0	0	19.00	
20.00	Day Care Program	0	0	0	0	0	20.00	
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00	
22.00	Homemaker Service	0	0	0	0	0	22.00	
23.00	All Others (specify)	0	0	0	0	0	23.00	
24.00	Total (sum of lines 1-23)	577,893	0	0	0	577,893	24.00	
		Administrative & General	Total (cols. 4A + 5)					
		5.00	6.00					
GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures						1.00	
2.00	Capital Related - Movable Equipment						2.00	
3.00	Plant Operation & Maintenance						3.00	
4.00	Transportation						4.00	
5.00	Administrative and General	276,337					5.00	
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	239,902	501,697				6.00	
7.00	Physical Therapy	6,290	13,154				7.00	
8.00	Occupational Therapy	170	356				8.00	
9.00	Speech Pathology	39	82				9.00	
10.00	Medical Social Services	170	356				10.00	
11.00	Home Health Aide	29,766	62,248				11.00	
12.00	Supplies (see instructions)	0	0				12.00	
13.00	Drugs	0	0				13.00	
14.00	DME	0	0				14.00	
HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0				15.00	
16.00	Respiratory Therapy	0	0				16.00	
17.00	Private Duty Nursing	0	0				17.00	
18.00	Clinic	0	0				18.00	
19.00	Health Promotion Activities	0	0				19.00	
20.00	Day Care Program	0	0				20.00	
21.00	Home Delivered Meals Program	0	0				21.00	
22.00	Homemaker Service	0	0				22.00	
23.00	All Others (specify)	0	0				23.00	
24.00	Total (sum of lines 1-23)		577,893				24.00	

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 140012
HHA CCN: 147131

Period:
From 01/01/2012
To 12/31/2012

Worksheet H-1
Part II
Date/Time Prepared:
5/30/2013 1:56 pm
PPS

	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bl dgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00					
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0			0		1.00
2.00	Capital Related - Movable Equipment		0		0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	0	0	0	0	-276,337	301,556
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	261,795
7.00	Physical Therapy	0	0	0	0	0	6,864
8.00	Occupational Therapy	0	0	0	0	0	186
9.00	Speech Pathology	0	0	0	0	0	43
10.00	Medical Social Services	0	0	0	0	0	186
11.00	Home Health Aide	0	0	0	0	0	32,482
12.00	Supplies (see instructions)	0	0	0	0	0	0
13.00	Drugs	0	0	0	0	0	0
14.00	DME	0	0	0	0	0	0
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0	0
18.00	Clinic	0	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0	0
24.00	Total (sum of lines 1-23)	0	0	0	0	-276,337	301,556
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		276,337
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.916370

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140012

Period: From 01/01/2012 To 12/31/2012

Worksheet H-2 Part I

HHA CCN: 147131

Date/Time Prepared: 5/30/2013 1:56 pm

Home Health Agency I

PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	DATA PROCESSING	
		BLDG & FIXT	MVBLE EQUIP					
		1.00	2.00					
1.00 Administrative and General	0	11,139	2,261	55,143	3,098	14,960	1.00	
2.00 Skilled Nursing Care	501,697	16,272	3,300	80,478	4,130	19,945	2.00	
3.00 Physical Therapy	13,154	0	0	0	0	0	3.00	
4.00 Occupational Therapy	356	0	0	0	0	0	4.00	
5.00 Speech Pathology	82	0	0	0	0	0	5.00	
6.00 Medical Social Services	356	0	0	0	0	0	6.00	
7.00 Home Health Aide	62,248	2,713	549	13,413	1,033	4,987	7.00	
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00	
9.00 Drugs	0	0	0	0	0	0	9.00	
10.00 DME	0	0	0	0	0	0	10.00	
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00	
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00	
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00	
14.00 Clinic	0	0	0	0	0	0	14.00	
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00	
16.00 Day Care Program	0	0	0	0	0	0	16.00	
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00	
18.00 Homemaker Service	0	0	0	0	0	0	18.00	
19.00 All Others (specify)	0	0	0	0	0	0	19.00	
20.00 Total (sum of lines 1-19) (2)	577,893	30,124	6,110	149,034	8,261	39,892	20.00	
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00	
Cost Center Description	PURCHASING RECEIVING AND STORES	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE		
	5.03	5.04	5A.04	5.05	7.00	8.00		
1.00 Administrative and General	780	0	87,381	7,579	29,321	0	1.00	
2.00 Skilled Nursing Care	1,137	0	626,959	54,377	42,831	0	2.00	
3.00 Physical Therapy	0	0	13,154	1,141	0	0	3.00	
4.00 Occupational Therapy	0	0	356	31	0	0	4.00	
5.00 Speech Pathology	0	0	82	7	0	0	5.00	
6.00 Medical Social Services	0	0	356	31	0	0	6.00	
7.00 Home Health Aide	190	0	85,133	7,384	7,142	0	7.00	
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00	
9.00 Drugs	0	0	0	0	0	0	9.00	
10.00 DME	0	0	0	0	0	0	10.00	
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00	
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00	
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00	
14.00 Clinic	0	0	0	0	0	0	14.00	
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00	
16.00 Day Care Program	0	0	0	0	0	0	16.00	
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00	
18.00 Homemaker Service	0	0	0	0	0	0	18.00	
19.00 All Others (specify)	0	0	0	0	0	0	19.00	
20.00 Total (sum of lines 1-19) (2)	2,107	0	813,421	70,550	79,294	0	20.00	
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.			0.000000				21.00	

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140012

Period: From 01/01/2012

Worksheet H-2

HHA CCN: 147131

To 12/31/2012

Part I
Date/Time Prepared:
5/30/2013 1:56 pm

Home Health Agency I

PPS

Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		9.00	10.00	11.00	13.00	14.00	15.00	
1.00	Administrative and General	0	0	5,885	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	7,356	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	1,471	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	0	14,712	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description		INTERNS & RESIDENTS					Subtotal	
		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	UTILIZATION REVIEW	SERVICES-SALARIES & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
		16.00	17.00	17.01	21.00	22.00	24.00	
1.00	Administrative and General	0	0	0	0	0	130,166	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	731,523	2.00
3.00	Physical Therapy	0	0	0	0	0	14,295	3.00
4.00	Occupational Therapy	0	0	0	0	0	387	4.00
5.00	Speech Pathology	0	0	0	0	0	89	5.00
6.00	Medical Social Services	0	0	0	0	0	387	6.00
7.00	Home Health Aide	0	0	0	0	0	101,130	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	0	977,977	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140012

Period: From 01/01/2012

Worksheet H-2

HHA CCN: 147131

To 12/31/2012

Part I
Date/Time Prepared:
5/30/2013 1:56 pm

Home Health Agency I

PPS

Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs		
	25.00	26.00	27.00	28.00		
1.00 Administrative and General	0	130,166				1.00
2.00 Skilled Nursing Care	0	731,523	112,312	843,835		2.00
3.00 Physical Therapy	0	14,295	2,195	16,490		3.00
4.00 Occupational Therapy	0	387	59	446		4.00
5.00 Speech Pathology	0	89	14	103		5.00
6.00 Medical Social Services	0	387	59	446		6.00
7.00 Home Health Aide	0	101,130	15,527	116,657		7.00
8.00 Supplies (see instructions)	0	0	0	0		8.00
9.00 Drugs	0	0	0	0		9.00
10.00 DME	0	0	0	0		10.00
11.00 Home Dialysis Aide Services	0	0	0	0		11.00
12.00 Respiratory Therapy	0	0	0	0		12.00
13.00 Private Duty Nursing	0	0	0	0		13.00
14.00 Clinic	0	0	0	0		14.00
15.00 Health Promotion Activities	0	0	0	0		15.00
16.00 Day Care Program	0	0	0	0		16.00
17.00 Home Delivered Meals Program	0	0	0	0		17.00
18.00 Homemaker Service	0	0	0	0		18.00
19.00 All Others (specify)	0	0	0	0		19.00
20.00 Total (sum of lines 1-19) (2)	0	977,977	130,166	977,977		20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.			0.153532			21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS		Provider CCN: 140012 HHA CCN: 147131	Period: From 01/01/2012 To 12/31/2012	Worksheet H-2 Part II Date/Time Prepared: 5/30/2013 1:56 pm PPS
			Home Health Agency I	

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (TELEPHONES)	DATA PROCESSING (NUMBER OF MACHINES)	PURCHASING RECEIVING AND STORES (COST OF SUPPLIES)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00					
1.00 Administrative and General	1,248	2,214	174,986	3	3	6,341	1.00
2.00 Skilled Nursing Care	1,823	3,231	255,385	4	4	9,255	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	304	538	42,564	1	1	1,543	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	3,375	5,983	472,935	8	8	17,139	20.00
21.00 Total cost to be allocated	30,124	6,110	149,034	8,261	39,892	2,107	21.00
22.00 Unit cost multiplier	8.925630	1.021227	0.315126	1,032.625000	4,986.500000	0.122936	22.00
Cost Center Description	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	
	5.04	5A.05	5.05	7.00	8.00	9.00	
1.00 Administrative and General	0	0	87,381	1,248	0	0	1.00
2.00 Skilled Nursing Care	0	0	626,959	1,823	0	0	2.00
3.00 Physical Therapy	0	0	13,154	0	0	0	3.00
4.00 Occupational Therapy	0	0	356	0	0	0	4.00
5.00 Speech Pathology	0	0	82	0	0	0	5.00
6.00 Medical Social Services	0	0	356	0	0	0	6.00
7.00 Home Health Aide	0	0	85,133	304	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	0	0	813,421	3,375	0	0	20.00
21.00 Total cost to be allocated	0	0	70,550	79,294	0	0	21.00
22.00 Unit cost multiplier	0.000000		0.086732	23.494519	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS		Provider CCN: 140012 HHA CCN: 147131	Period: From 01/01/2012 To 12/31/2012	Worksheet H-2 Part II Date/Time Prepared: 5/30/2013 1:56 pm PPS
		Home Health Agency I		

Cost Center Description	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (HOURS OF SERVICE)	CENTRAL SERVICES & SUPPLY (COSTED REQ UTILIZATIONS)	PHARMACY (COSTED REQ UTILIZATIONS)	MEDICAL RECORDS & LIBRARY (I/P GROSS CHARGES)	
	10.00	11.00	13.00	14.00	15.00	16.00	
1.00	Administrative and General	0	4	0	0	0	1.00
2.00	Skilled Nursing Care	0	5	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	0	1	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	0	10	0	0	0	20.00
21.00	Total cost to be allocated	0	14,712	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	1,471.200000	0.000000	0.000000	0.000000	22.00

Cost Center Description	SOCIAL SERVICE (PATIENT DAYS)	UTILIZATION REVIEW (PATIENT DAYS)	INTERNS & RESIDENTS			
			SERVICES-SALAR Y & FRINGES APPRV (PATIENT DA YS)	SERVICES-OTHER PRGM COSTS APPRV (PATIENT DA YS)		
			17.00	17.01		
1.00	Administrative and General	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	9.00
10.00	DME	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	0	0	0	0	20.00
21.00	Total cost to be allocated	0	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	22.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 140012	Period: From 01/01/2012 To 12/31/2012	Worksheet H-3 Part I Date/Time Prepared: 5/30/2013 1:56 pm
		HHA CCN: 147131	Title XVIII	Home Health Agency I

Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)
	0	1.00	2.00	3.00	4.00	5.00

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2.00	843,835		843,835	2,669	316.16	1.00
2.00	Physical Therapy	3.00	16,490	251,675	268,165	2,115	126.79	2.00
3.00	Occupational Therapy	4.00	446	14,166	14,612	180	81.18	3.00
4.00	Speech Pathology	5.00	103	6,038	6,141	57	107.74	4.00
5.00	Medical Social Services	6.00	446		446	3	148.67	5.00
6.00	Home Health Aide	7.00	116,657		116,657	705	165.47	6.00
7.00	Total (sum of lines 1-6)		977,977	271,879	1,249,856	5,729		7.00

Cost Center Description	Cost Limits	CBSA No. (1)	Part A	Program Visits		Ratio (col. 3 ÷ col. 4)
				Not Subject to Deductibles & Coinsurance	Subject to Deductibles	
	0	1.00	2.00	3.00	4.00	5.00

Limitation Cost Computation							
8.00	Skilled Nursing Care		99914	996	752		8.00
9.00	Physical Therapy		99914	962	572		9.00
10.00	Occupational Therapy		99914	94	44		10.00
11.00	Speech Pathology		99914	55	11		11.00
12.00	Medical Social Services		99914	2	2		12.00
13.00	Home Health Aide		99914	207	480		13.00
14.00	Total (sum of lines 8-13)			2,316	1,861		14.00

Cost Center Description	From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Record)	Ratio (col. 3 ÷ col. 4)
	0	1.00	2.00	3.00	4.00	5.00

Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	8.00	0	40,417	40,417	138,770	0.291252	15.00
16.00	Cost of Drugs	9.00	0	2,484	2,484	0	0.000000	16.00

Cost Center Description	Part A	Program Visits		Cost of Services	Part A	Part B	
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
	6.00	7.00	8.00	9.00	10.00	11.00	

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
Cost Per Visit Computation							
1.00	Skilled Nursing Care	996	752		314,895	237,752	1.00
2.00	Physical Therapy	962	572		121,972	72,524	2.00
3.00	Occupational Therapy	94	44		7,631	3,572	3.00
4.00	Speech Pathology	55	11		5,926	1,185	4.00
5.00	Medical Social Services	2	2		297	297	5.00
6.00	Home Health Aide	207	480		34,252	79,426	6.00
7.00	Total (sum of lines 1-6)	2,316	1,861		484,973	394,756	7.00

Cost Center Description	6.00	7.00	8.00	9.00	10.00	11.00
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Limitation Cost Computation							
8.00	Skilled Nursing Care						8.00
9.00	Physical Therapy						9.00
10.00	Occupational Therapy						10.00
11.00	Speech Pathology						11.00
12.00	Medical Social Services						12.00
13.00	Home Health Aide						13.00
14.00	Total (sum of lines 8-13)						14.00

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 140012 HHA CCN: 147131	Period: From 01/01/2012 To 12/31/2012	Worksheet H-3 Part I Date/Time Prepared: 5/30/2013 1:56 pm
				Title XVII I	Home Health Agency I	PPS
Cost Center Description	Program Covered Charges			Cost of Services		
	Part A	Part B				
		Not Subject to Deductibles & Co Insurance	Subject to Deductibles & Co Insurance	Part A	Not Subject to Deductibles & Co Insurance	Subject to Deductibles & Co Insurance
	6.00	7.00	8.00	9.00	10.00	11.00
Supplies and Drugs Cost Computations						
15.00	Cost of Medical Supplies		0		0	15.00
16.00	Cost of Drugs		0		0	16.00
Cost Center Description		Total Program Cost (sum of col.s. 9-10)				
		12.00				
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION						
Cost Per Visit Computation						
1.00	Skilled Nursing Care	552,647				1.00
2.00	Physical Therapy	194,496				2.00
3.00	Occupational Therapy	11,203				3.00
4.00	Speech Pathology	7,111				4.00
5.00	Medical Social Services	594				5.00
6.00	Home Health Aide	113,678				6.00
7.00	Total (sum of lines 1-6)	879,729				7.00
Cost Center Description						
		12.00				
Limitation Cost Computation						
8.00	Skilled Nursing Care					8.00
9.00	Physical Therapy					9.00
10.00	Occupational Therapy					10.00
11.00	Speech Pathology					11.00
12.00	Medical Social Services					12.00
13.00	Home Health Aide					13.00
14.00	Total (sum of lines 8-13)					14.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 140012 HHA CCN: 147131	Period: From 01/01/2012 To 12/31/2012	Worksheet H-3 Part II Date/Time Prepared: 5/30/2013 1:56 pm
		Title XVIII	Home Health Agency I	PPS

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
	0	1.00	2.00	3.00	4.00		
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00	Physical Therapy	66.00	0.378778	664,440	251,675	col. 2, line 2.00	1.00
2.00	Occupational Therapy	67.00	0.305754	46,330	14,166	col. 2, line 3.00	2.00
3.00	Speech Pathology	68.00	0.542903	11,122	6,038	col. 2, line 4.00	3.00
4.00	Cost of Medical Supplies	71.00	0.213982	188,880	40,417	col. 2, line 15.00	4.00
4.01	Cost of Medical Supplies 1	71.01	0.391893	0	0	col. 2, line 15.01	4.01
5.00	Cost of Drugs	73.00	0.122096	20,342	2,484	col. 2, line 16.00	5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 140012 HHA CCN: 147131	Period: From 01/01/2012 To 12/31/2012	Worksheet H-4 Part I-II Date/Time Prepared: 5/30/2013 1:56 pm	
		Title XVII I	Home Health Agency I	PPS	
		Part A	Part B	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00	
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES					
Reasonable Cost of Part A & Part B Services					
1.00	Reasonable cost of services (see instructions)		0	0	0 1.00
2.00	Total charges		0	0	0 2.00
Customary Charges					
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)		0	0	0 3.00
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(b)		0	0	0 4.00
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)		0.000000	0.000000	0.000000 5.00
6.00	Total customary charges (see instructions)		0	0	0 6.00
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)		0	0	0 7.00
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)		0	0	0 8.00
9.00	Primary payer amounts		0	0	0 9.00
			Part A Services	Part B Services	
			1.00	2.00	
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT					
10.00	Total reasonable cost (see instructions)			0	0 10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers			437,000	299,488 11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers			0	0 12.00
13.00	Total PPS Reimbursement - LUPA Episodes			7,923	8,935 13.00
14.00	Total PPS Reimbursement - PEP Episodes			5,208	1,076 14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers			0	0 15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes			0	0 16.00
17.00	Total Other Payments			0	0 17.00
18.00	DME Payments			0	0 18.00
19.00	Oxygen Payments			0	0 19.00
20.00	Prosthetic and Orthotic Payments			0	0 20.00
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)				0 21.00
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)			450,131	309,499 22.00
23.00	Excess reasonable cost (from line 8)			0	0 23.00
24.00	Subtotal (line 22 minus line 23)			450,131	309,499 24.00
25.00	Coinsurance billed to program patients (from your records)				0 25.00
26.00	Net cost (line 24 minus line 25)			450,131	309,499 26.00
27.00	Reimbursable bad debts (from your records)			0	0 27.00
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)			0	0 28.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 140012 HHA CCN: 147131	Period: From 01/01/2012 To 12/31/2012	Worksheet H-4 Part I-II Date/Time Prepared: 5/30/2013 1:56 pm	
		Title XVIII	Home Health Agency I	PPS	
				Part A Services	Part B Services
				1.00	2.00
29.00	Total costs - current cost reporting period (line 26 plus line 27)		450,131	309,499	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	30.00
31.00	Subtotal (line 29 plus/minus line 30)		450,131	309,499	31.00
32.00	Interim payments (see instructions)		450,130	309,498	32.00
33.00	Tentative settlement (for contractor use only)		0	0	33.00
34.00	Balance due provider/program (line 31 minus lines 32 and 33)		1	1	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-11, section 115.2		0	0	35.00

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

Provider CCN: 140012
HHA CCN: 147131

Period:
From 01/01/2012
To 12/31/2012

Worksheet H-5
Date/Time Prepared:
5/30/2013 1:56 pm
PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		450,130		309,498	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		450,130		309,498	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		1		1	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		450,131		309,499	7.00

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES		Provider CCN: 140012 HHA CCN: 147131	Period: From 01/01/2012 To 12/31/2012	Worksheet H-5 Date/Time Prepared: 5/30/2013 1:56 pm PPS
			Home Health Agency I	
			Contractor Number	Date (Mo/Day/Yr)
		0	1.00	2.00
8.00	Name of Contractor			8.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140012	Period: From 01/01/2012 To 12/31/2012	Worksheet L Parts I-III Date/Time Prepared: 5/30/2013 1:56 pm
		Title XVII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		967,666	1.00
2.00	Capital DRG outlier payments		12,631	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		30.03	3.00
4.00	Number of interns & residents (see instructions)		6.19	4.00
5.00	Indirect medical education percentage (see instructions)		5.99	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		57,963	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		0	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		1,038,260	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00